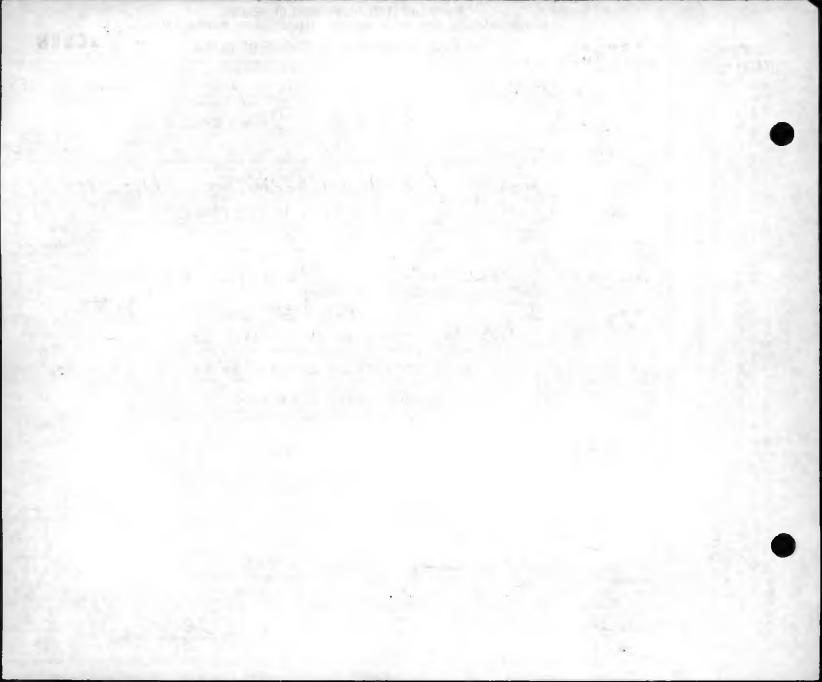
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-2015988

FOR STATE		15996 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5	15988
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce before odmission)
ay is 3 to an art of a second and a second a sec		O. COUNTY TAIBOT MARYLAND O. STATE DRYLOND B. COUNTY CA	ROLINE
delay		b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
2, and 3 2, and 3 2, and 3 2, and 3 2, and 3 2, and 3		EASTON 40 min. DENTON	05
E C'		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
form 18		(nemorial	ON A FARM?
	3.	NAME OF g First Middle o Lost 4 DATE Month	Doy Year
after death. Pages along with the State		DECEASED (Type or print) HARRY MASON HILS TON DEATH 11-	11-1967
	2:	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED SEPT 5, 1921 40st birthdoy) WIDOWED DIVORCED SEPT 5, 1921 40st birthdoy) WIDOWED VIS.	Doys Hours Min.
haurs al Item 18. Office all I and 2 wi rr death.	100	IISIIAI OFFIIPATION (Give kind of work done 10h KIND OF BUSINESS OP 1) BIPTIAPI ACE (State or foreign country) 12 (1)	TIZEN OF WHAT
24 haurs of in Item 18. er's Office after land 2 wafter death.	du	ing dost of working His even if refired) NDUSTRY Delaware	UNITYSTA
in cil iner iner age		FATTER'S NAME	
d be executed within 2 rd "pending" in pencil is Chief Medical Examiner. Transit permit. File pages event within 72 hours af		MOZAM BILLSTOW MAHALA MASON	
ed in	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address	1
executed manging in Medical E permit. E within 72	L	yes It with the my Welston, Jan	Con
shauld be executed in ward "pending" is a the Chief Medical burial-transit permit.		18. tause of Death (Enter only one cause per line for (a), (b), and (c). PART I. Death Was Caused By: Avute left ventriculat dilation due to phy-	INTERVAL BETWEEN ONSET AND DEATH
d be d 'pe Chief transit		IMMEDIATE CAUSE (a) 1 cal sterin	20 min
shauld e ward a the Ch ourial-tre		Conditions, it ony, which gove) DUE TO Arteriosel rotic Heart Disease	5 vrs
the v the v ta th buri		rise to immediate couse (a)	D ALE
ficate ing the rded to as a		storing the underlying couse DUE TO history of Angina Pectoris	
certificate sh writing the rwarded ta seed as a bu val, and in a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	10 WAS ALITOPSY
	NO.	TAKE II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO BEATTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OFFER IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
his offe e 1 be em	T.	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.)	112 110
世界、智も	CERTIFICATION	PRIMARY 🖸 or CONTRIBUTING 🗆 CAUSE OF DEATH.	
MINER: the certifi the shauld trifiles. e 3 shauld attion, or			unty) (Stote)
# 4 7 e o	MEDICAL	Hour a.m. p.m. While Not While of work of work	(5,2,0)
Mesical EXA please execute director. Page established for you DIRECTOR: Page ir to build, creful to build, creful to build, creful to build.		21. I certify that I taak charge af the remains described above, held an Autapsy , Inspection , Inquiry	and in my apiniar
MENTAL Rolesse exect director. Postoned for purectors: To birectors: To birectors: To buriol, or to burious and or		death resulted fram: Natural couses 1, Accident , Suicide , Hamicide Undetermined manner]
MEST please e director retained DIRECT		CHIEF MEDICAL EXAMINER	
Ple di di		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	17 72. DATE SIGNED
ury, plany, plany, plany, plany, prior		EXAMINER'S DEPUTY MEDICAL EXAMINER	71/11/01
n DEPUTY necessary, p the funeral 5 may be n 0 FUNERAL		NAME (Type) Harold B. Plummer M.D. Address (Street, city, town, or county) Preston	
The Street	179	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town)	(County) (Stote)
40 -	1 ×	which were the state of the sta	ar, was
VR A15ME (5)	2	FUNERU DIRECTORY ADDRESS 250. RECUBIRAR 967 250. REGISTRAR'S S DATE NOV 16 1967 250. REGISTRAR'S S	e Judge
		Just Just	



by the funeral Pages 1 and 2

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5997

CERTIFICATE OF DEATH

15989

1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where decease		before odmission)
(COUNTY TO 11 +		a. STATE	b. COUNTY	111-1
	141001	MARYLAND	MHAMITHOG	CHIC	IINE.
l	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Justide corporate	limits, write RURAL and give no	earest tawn)
	write RURAL and give hearest town)	13 Nove	RURAL Golds	noen	15-2
-	I. NAME OF HOSPITAL OR INSTITUTION (If not in I	sundal aim street address)	d. STREET ADDRESS	501-0	e. IS RESIDENCE
(. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN I	lospilal, give street oddress)	0	R 2.10	ON A FARM?
	Memorial	4050,61	Kout # 1.	Box 215/3	YES NO
Ī	NAME OF First	// / Middle /	Last 4. DATE	Manth	Doy Year
1	DECEASED	1/200	OF OF	(1)	1 19 6 7
_	Type or print) Handy	vane tir	OCTSON DEATH		-
	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 🗌 💹		100	avs Hours Min.
-	EDALE White W	IDOWED DIVORCED 🔲 📞	CTOBER 14 1884 8	33 yts.	ays thous min.
	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fore	ign country) 12. CITIZE	N OF WHAT
	ng most of working life, even if retired)	INDUSTRY From	1.1.1	I down	
	WIEE.	POME.		ELAWARE (Ti	2/15
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John ANDERSON)	AMADOR JAN	& DAVIS	
	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT DAUGHTER		
į	s, no, grunknawn) ((If yes give war ar dates of serv	ice)	MICHIGAN DAOS MARIE	Kouts#1	180x 215B
	No	221-24-4107-1116	S. MURIEL E. HUGE	RSON A Wishou	zo Md.
ĺ	18. CAUSE OF DEATH (Enter only one cause pe	line for (a), (b), and (c),)			INTERVAL SETWEEN
	PART 1. DEATH WAS CAUSED BY:	1. 11	· hanne		ONSET AND DEATH
	0534 IMMEDIATE CAUSE (a)	Depresamo,	Little Orego	266	d my
ı	000.10		O		
١	Canditians, if any, which gave (b)				
١	rise to immediate cause (a), Stoting the underlying cause DUE TO	_			
1	lost. (c)				
1	(6)				LID THAT HUTODON
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDITION GIVEN	IN PAKI I(0)	19. WAS AUTOPSY PERFORMED?
	mahnetulion	alexalese			YES NO X
ı	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.		Il of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH	AND PROCEED HOT HOURT OCCURRED.	terror mention of miles) and control total	www.menn.nen/	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year			(City or town) (County	y) (State)
	Haur a.m.	While Nat While of work of work	ary, street, affice bldg., etc.)		
ŀ	2.110.		10 -0 10 -7 1	26 - 10 30/3	1 1 1 1 1 1 1
	21. I certify that (I) (this_haspital	attended the deceased tram_	10-29 , 19 21 , 10	11-10,1967	, that (I) (we) la
	saw the deceased alive an/	19 67, and that	death accurred at AM,	tram causes and an the	date stated above
ì	22o. SIGNATURE	00	ATTENDING HER	22b. DATE	SIGNED
	Stephen	Y Carres MI	ATTENDING MED. PHYS. DIRECTOR [□ STAFF □ //- /	11-67
-	22c. PHYSICIAN'S	0	22d. ADDRESS	- rais , ,	
	NAME (Type) Stephen P.	Carvey, M.D.	Easton, Md.	21601	
ŀ	or beginen r.				
j	BURIAL, EREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY , 23d. LOC	ATION (City or Town) (Co	ounty) (State)
į	BURIA (Specify) Nov.13,19		Id (Enetery CEN	DEUILE O.A.	in Md
i	FUNERAL DIRECTOR	O ADDRESS		1 1	IATURE
1	THE AD IS A	By Carlottes Co.	2So. REC'D/BY REGISTRA	36/1 "	- Barrell
d	12. 190000000 - 191000	Toda Dummer	DAR LT		UU

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15990

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death.

Pope 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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	by the	. Page	nours at	
/	ny filled in	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and	within 12	7
	d complete	move carb	iny event,	
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	ing phys	Then p	removal	
	e affend	permit.	Hian, or	
	ed by th	al-transi	ol, cremo	
0	een sign	the buric	r to buric	
	te hos be	use os	alth prio	
	certifico	ched for	pt. of He	
-	After this	be deta	Stote De	
2	ECTOR: /	S should	with the	
-	RAL DIR	, page	be filed	
-	TO FUNE	director	should	
D	41	5 (/	11	1

	CERTIFICATE	OI PLAIII	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
	o. COUNTY TOLLOT MARYLAND	o. STATE 6. COUNTY	307
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c CITY OR TOWN of autside corporate limits, write RURAL and give	
	write RURAL and give nearest town)		neorest town)
L	Eastin 12 Ms.	TASTON	20-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
L	Memorial Hospital	CHAREL YEAD	YES NO D
3.	NAME OF First Middle	A Lost 4. DATE Month	Doy Year/
	OFCEASED (Type or print) ENERCET Shellow	Slades DEATH 11	8 1967
5.		B. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED D	1919075 777 1200374 1773 17	Doys Hours Min.
10	D. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR		IZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	(00	INTRY?
	NETITED MER NIL DISTRIDE	YOR TALMOI MARYLAND	104
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	DEN & AMIN A. DLADES	MARY ELIZA SHELDON	
		NFORMANT Address	.//
10	es, na, ar unknown) (If yes give wor or dates of service)	ELDONS, DLADES Jr EAS	TON (1)
F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	100000000000000000000000000000000000000	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	l,	ONSET AND DEATH
	142// IMMEDIATE CAUSE (6) 1/23/1 / GILUST		
	Conditions if any which was a	stil stemosis	
П	rise to immediate cause (a), DUE TO	7100	
L	storing the underlying couse		
	dost		
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
M			YES NO
CERTIFICATION		(Enter noture of injury in Port I or Port II of item 18.)	
8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ਤ	,	CE OF INJURY (Home, form, 20f. (City or town) (Cou	nty) (Stote)
MEDICAL	Hour o.m. While Not While focto	pry, street, office bldg., etc.)	(5.0.0)
-	p.m. 19 of work U of work U		
	21. I certify that (1) (this hospital) entended the deceased fram_		_ , that (I) (we) las
П	saw the deceased glive on 170 10 g = 10 , and that	death accurred at LOS M, fram causes and an th	e date stated abave
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DA	TE, SIGNED
	M.D.	PHYS. DIRECTOR PHYS. 9/	VOV 6/2
L	22c. PHYSICIAN'S	22d. ADDRESS	1
	NAME (Type) F-C- H. SUMMONDAT	laple, ///any	lungh
23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify) 11-11-67 Woodleyn	mem Park Castan Ti	ALBOT MX
2	4. FUNERAL DIRECTOR A ADDRESS	2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	GNATURE
1	AHIWIDAMA Best - Do	MOU 4 0 4007 col	
	Went the Comment	DATE NUV 13 136/ VICLIA	relas Judas

15000

15991

	2000	7 10	-	CERTIFICATI	OF DEATH		
	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution	
(O. COUNTY TA	LDOT		MARYLAND	o. STATE Marylan	b. COUNTY	reline
	write RURAL ond	outside corporate limits, give negrest town)		C. LENGTH OF STAY IN 16 44 / hrs.	CCITY OR TOWN (If or DENTON	utside corparate limits, write RURAL	ond give nearest town)
(OR INSTITUTION (If not in	hospitol, gi	ive street oddress)	d. STREET ADDRESS	3rd Street	e. IS RESIDENC ON A FARM YES NO
- (NAME OF DECEASED Type or print)	Roum	ond	Edward.	Brown	4. DATE Month OF DEATH	Doy Year 10 19 6
5. S	sex	Negro	MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH June 1,1892	75 ast birthdoy) yrs.	F UNDER 1 YEAR IF UNDER 24 Months Doys Hours N
10o. duri	USUAL OCCUPATION	(Give kind of work dane ife, even if retired)	10b. KIN	ND OF BUSINESS OR DUSTRIAN TO THE	11. BIRTHPLACE (County Ridgely, M	& Stote, or foreign country)	12. CITIZEN OF WHAT
13.	FATHER'S NAME	18 Brown			14. MOTHER'S MAIDEN	name by family	
15. {Ye	s, no, or unknown) N	RINU.S. ARMED FORCES? (If yes give war ar dotes of so	21:	3-12-5411 F	INFORMANT amily 111 No	rth 3rd St, Den	ton, Maryland
18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PRESENTED THE TO							
	Conditions, if ony, which gave) (b)						
	rise to immediate stoting the under lost.	cause (o), (DUE TO					
ATION	PART II. OTHER SIG	Siralist Conditions CON		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (O	NDITION GIVEN IN PART I(0)	19. WAS AUTOPS' PERFORMED? YES NO
L CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port 1 or Port II of item 18.)	
MEDICAL	20c. TIME OF INJU Hour o.m p.m	10	20d. IN While at work	Not While for	ACE OF INJURY (Hame, forr ctary, street, office bldg., etc.)	(County) (Stot
	saw the de	y that (I) (this haspit ceased alive an		led the deceased fram_ 19_6_and the	ot death accurred at	19 67, ta	d on the date stated al
	22a. SIGNATURE	Alphu	6	Planey	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Stephen I				Md. 21601	
230 B	BURIAL, CREMATION CREMATION (Specify)	N. 23b. DATE THERE Nov.18,		23c. NAME OF CEMETERY OR Sandtown (Ceme tery	23d. LOCATION (City or Town) Hillsbere, (Ca	1
24.	. FUNERAL DIRECTO	-6.11	1 /	ADDRESS 190	nton DANO		TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages I graft should be filled with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

Artific parties, is that's a seen of the same

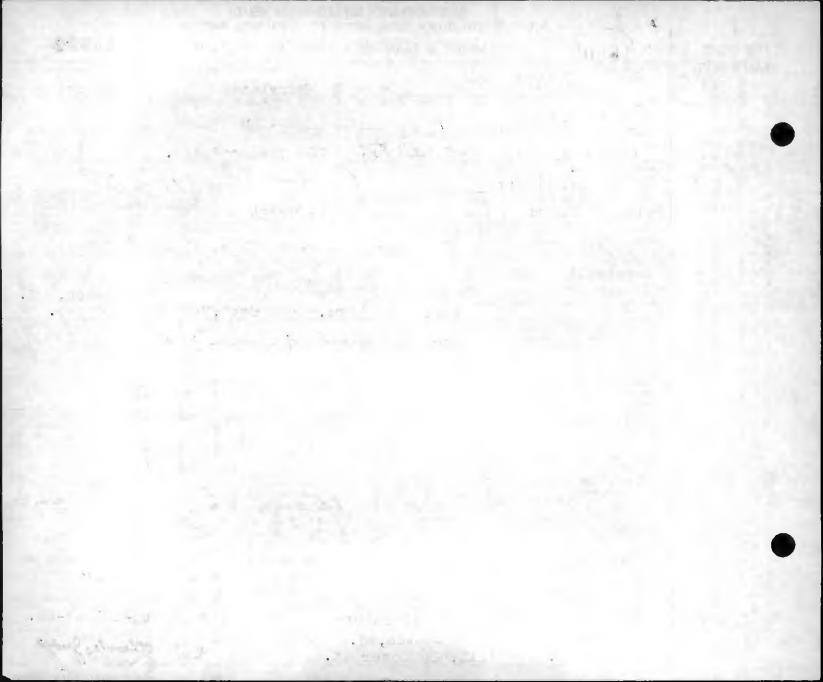
after death. If any delay is 8. Give Pages 1, 2, and 3 ta along with farm PM3. Page Heart Manage with farm PM3. Page With The State Department of Manage With The State Department of Manage Ma necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page This certificate shauld be executed within 24 haurs after death. If 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 v Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER:

VR A15ME 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_	3 74.5	10							
1.	PLACE OF DEATH	1 01	1				Where deceased lived, if institution		re admissian)
	a. COUNTY	Ja & Vio	1	MARYL	AND	o. SIATE Marvla:	nd b. COUNTY	Talb	ot
	b. CITY OR TOWN (If outside carparate limits, digive nearest town)		c. LENGTH OF STAY IN	lb i		tside carparate limits, write RURA		
	CHITTE RUKAL ON	give nealest lown)		/		Easto	n		2-0-1
-	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	n haspit o t, g	iye street address) A	11	d. STREET ADDRESS			e. IS RESIDENCE
-	Cille	Marial	At	aspita	1	200 Glen			ON A FARM? YES NO 🔀
3.	NAME OF DECEASED (Type or print)	Samue	C	Middle	Co	066	4. DATE Manth OF DEATH	28004	19 6 7
	SEX		MARRIED	NEVER MARRIED	X 8	DATE OF BIRTH		Manths Days	Haurs Min.
1	Male	Negro	WIDOWED	DIVORCED		12/22/54	13 yrs.	mornis Days	mai.
		(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN O	F WHAT
OU	iring mast of warking Stude		UNI	None		Jacksonvi	lle, Florida	COUNTRY	A
13	3. FATHER'S NAME	24 0 34				14. MOTHER'S MAIDEN N	TAME		
	Rooseve	elt Cobb				Anna Mae	Caldwell		
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. H	FORMANT	Address	Easto	n, Md.
1	res, na, ar unknown) N O	(If yes give war ar dates af s		one	Mr	s. Anna C	obb.200 Glen		ve.
		EATH (Enter anly one cause	per line far.	(a) (b), and (c))			0	INT	TERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-	nu shot i	Mas	ed IRIB	ower perk	PN	SET AND DEATH
	9190	DUE TO	- //						
	Canditians, if any								
	rise to immedia	e cause (a), (-				
	stating the under	rlying cause (c							
				O DEATH BUT WOT BELAT	ED TO T	NO SEASON LANGUAGE TH	DITION GIVEN IN PART I(a)	19.	WAS AUTOPSY
TION	The same of	CONDITIONS CON	viiiv i	O DESCRIPTION NOT RELATED	- IV II	January Visinse Con	and with market iful		PERFORMED?
CERTIFICATION	20g EXTERNAL CA	AUSF WAS	1 20h DE	COIRE HOW INTIDA UCC	IIBBED (inter nature of injury in l	Part I ar Part II af item 18.)	- 1	ES NO
ERT	20g. EXTERNAL CA PRIMARY X or CO CAUSE OF DEATH.	NTRIBUTING 🗆	AVV. DE.	ALBERTON HOURT OCC	NULL !	and notice of injuly (i) I	MILL MET MILL MET HOUT 10.)		
		IDV Manth Day Year	204 16	JURY OCCURRED 1	On DIAC	OF INJURY (Hame, farm	20f(City ar town)	(County)	(State)
MEDICAL	ZUC. TIME OF INJ	A SI A Combined to 1	7 While	Nat While		ry, street, affice bldg., etc.)		Tillet	
2	4 p.		di wai	/	- 8	Lacue	Castra	Twin	hery lan
		y that I took charge			1		Inspection Inquir	y , and	in my apinian
	deoth resul	ted ram: Natural	causes	, Accident	Suici	de 🔲, Hamicide	, Undetermined man	nner	
	ACTUAL	1/1 / N	/ .	1		CHIEF MEDICAL			22. DATE SIGNED
	SIGNATURE _	Mon Mrs X	enus	Gen_		_111,12-	ICAL EXAMINER	1 .	
	EXAMINER'S	THE OFTE !	HAD	REDA			L EXAMINER	30 Nov6	1
20	NAME (Type) 3a. BURIAL, CREMATIO	THURSTON ON. 23b. DATE THERI		23c. NAME OF CEMETI	DV OD C			1 Count	(Chata)
43	BUENOVAL (Specify			Williams			Near Easton	-Talbo	t-Md.
_	24. FUNERAL DIRECTO		ı		_			STRAR'S SIGNATU	
-				Eastern, M			4007 (77)	iones)	udge
	Darba	ra L. Dash:	lell.	426 Dove	r St	DATOF	I DON /		0



		16001	CERTIFICATE	OF DEATH		15083
		PLACE OF DEATH (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	MARYLAND	o. STATE.	here deceased lived, if institute b COUN	ion: Residence before admission)
/	î	o CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 15	CCITY OR TOWN (IF outs	ide carparate limits, write RUF	
		H. NAME OF HOSPITAL OR INSTITUTION (If not in hi	Arspital	of STREET ADDRESS	NSONST	Ø IS RESIDENCE ON A FARM? YES ☐ NO ☐
	i	NAME OF DECEASED First DECEASED FIRS		OMEGUS B DATE OF BERTIE	4 DATE Mant OF DEATH -	h Day Year 1967 TIF JNDER 1 YEAR 1 IF UNDER 24 HRS.
		F 7V WI	ARRIED NEVER MARRIED S	14GM 1893	ost outhday) 72 yrs	Months Days Hours Min.
	duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) FATHER'S NAME	ONL TOME	11 BIRTHPLACE (County &	E Y/a	12. CITIZEN OF WHAT COUNTRY 9
	H	ENRY GERSTM YER WAS DECEASED EVER IN U.S. ARMED FORCES?	`	ELIZAR F7	- N	No.
	(Ye	s, no of unknown) (If yes give war ar dates af servi	(e) He		URTS Z	EASTEN, 2/D
		1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Masswe with	renchial	heman leay	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), DUE TO	Olernie enseu	fiel leg per	tusin x	(3)
		lost. (c)	Cere hear a There		WITCH CIVIN IN DART 1/-1	119 WAS AUTOPSY
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				PERFORMED? YES NO
	AL CERTIF	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.			(f)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o m p.m 19	While Nat While of wark of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)		(County) (State)
		21. I certify that (I) (this haspital) saw the deceased alive on	aftended the deceased fram	death occurred at	M, fram causes	and an the dote stated above
		Musican Harris	/m MD		MED STAFF DIRECTOR PHYS.	18 how 47
]	720	NAME (Type) 1HURSTON BURIAT X REMATION. 236 DATE THEREOF	HARRISON 1 236 NAME OF CEMETERY OR (Chi	23d LOCATION (CRY OF TO	exa l (County) (State)
3		REMOVAL (Specify) FUNERAL DEFCOR	WOODLAWN	MERORIAL	FASTON	GISTERAR S SIGNATURE
	24	Man Can	ADDRESS			Charles India

Pages 1 and 2 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-HOUS, after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers—Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after debts Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



102

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15994

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
	a. COUNTY TAILOT MARYLAND	O. STATE MARY (A) & COUNTY DUE S PLANES
	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c CITY OR YOWN (If ou side carparate limits, write RURAL and give nearest town)
	write RURAL and give nearest tawn)	
	Easton Hayo	d STREET ADDRESS e 15 RESIDENCE
04	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	ON A FARM?
	Memorial Hosp.	114 S. COMMERCE ST. YES NO E
-	3 NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Mildred SEWARD	Dewing DEATH Nov 7 1967
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female WIDOWED DIVORCED TI	Seet 26,1878 89 birthday) Manths Doys Haurs Min
	10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	J. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
	during most of Werking life, even if retired) INDUSTRY	C- Locale Odd Md COUNTRYE O
Ì	13. FAFBER'S NAME	14 MOTHER'S MAIDEN NAME
		14. MOTHER'S MAIDEN NAME
	GEORGE W. SEWARD	LIOTTIE H. IIIIby
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes, no, or unknown) ((If yes give wor ar dotes of service)	INFORMANT Husband, 1145 Commerce St
	No 214.32.6616-BT	Edmund DEWING CENTREVILLE Md. 21617
	IB. CAUSE OF DEATH (Enter only one cause per line fa) (o), (b), and (c).)	INTERVAL BETWEEN
	DADT I DEATH WAS CALISED BY.	VISTORTIZ TI JOWEST 106-6 ONSET AND DEATH
	DUE TO	
	Conditions, if any, which gave) (b) Peri-recla	il abelss
	rise to immediate cause (a),	
	stating the underlying couse	
		THE MASS HATCHES
П	ART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
Ц	200 ACC DENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED TO RECONSTRUCTION OF DEATH OF STATE OF DEATH OF STATE OF ST	YES NO [
	☐ 200 ACC DENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Port 1 or Port 11 of item 1B)
	I THE ELLIER, MOTHER MEDILAL PARMINER!	
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e P	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	Hour a.m. While Nat While of the at work of the state of	ctory, street, affice bldg., etc.)
	21. 1 certify that (1) (this haspital) attended the deceased fram	, 19, ta, 19, that (I) (we) last
	saw the deceased alve on 170 09 000 and the	at death occurred at 4:35 A M, from couses and an the date stated above.
	220. SIGNATURE	22b. DATE SIGNED
		ATTENDING MED. STAFF 7
	22c. PHYSician S	A.D PHYS DIRECTOR PHYS. 22d ADDRESS
	NAME (Type) E. C. H. Schmidt	Egyton, Maryland.
	23a BURIAL CREMATION, 23b DATE THEREOF 23; NAME OF CEMETERY O	CELMATORY A224 (DUATION (Can of Town) (Can of Town)
	PENNYAN (Speciful)	R (REMATORY \ \Q23d \ LOCATION (City at Tawn) \ \ \((\(\cert{County}\)\) \ \((\cert{County}\)\)
}	Stritoset (Sherit)	
Α	BURIAL, MOV. 7, 17 6/ MESTERFIELD	CEMETERY CENTENIE, O.H.Co. 110,
1	BURIN NOV. 9, 1967 Chestertielo 24 FUNERAY DIRECTOR	250 FECU BY REGISTRAR 250. REGISTRARS SIGNATURE DATENOV 1 3 1957 RECUENCES DE LES

Page 4 may be retained by the Raspitol ar ottending physicien.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filed in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers, Pages 1 and should be filed with the State Dept. at Health prior to burial, crematian, or removol, and in any event, within 72 hours after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death



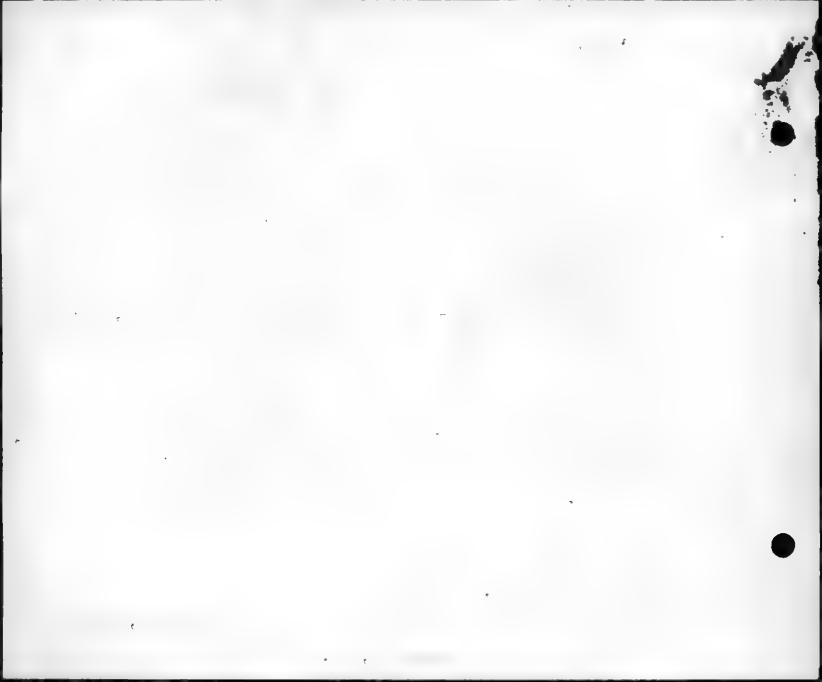
18803

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FUK STATE		2500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH, DEPT.	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
(AA)-		a. COUNTY b. COUNTY A.D. (: /
T. F. F.		TAIDOT MARYLAND /// CAMOLINE
ner ner		b CTY OR TOWN (If autside corporate imits, write RURAL and give nearest town) write RURAL and give nearest town)
f ony delay T, on 3 m PM3 P Department		FASTON BIOGELY BURAL
Po Cy Dd	_	d NAME OF HOSPITAL OR INSTITUTION (If not an hospital gave street address)
THE A		ON A FARM?
State State		Memorial Nosp
		NAME OF First Middle Last 4 DATE Manth Day Year DECEASED OF 1
ofter de 8. Give J along W with the		DECEASED (Type of point) Clarence Fisher DEATH NOV 6 1967
offer 8. Give along with th	S.	
0 00 0 3		WIDOWED DIVORCED 4-2-9-1898 last burthday) Months Days Hours Min
n Item 18 er's Office of ter deoth	100	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 171, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
e de la companyante del companyante de la compan		ma most of working life even if ret red) (NDISTRY)
24 r's r's		LABORER NONE MU.
I within 24 n pencil in Examiner's File pages 2 hours offt	13.	FATHER'S NAME
within pencil camin camin le pag hours		JAHN WESTER HIS HEAL YUSTE SIMP SON
Exc.	15	WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
tection in 17.		s, no, or unknown). If fives a verwor and at es of service).
d be executed within rd "pending" in pencil Chief Medical Examina transit permit. File pag event within 72 hours		4/55 WWI 219036162A MAGGIEFSHER, BILGELY
ex end M M		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. A CLUST BY THE PROPERTY AND DEATH
"p "p irief insi		PART I. DEATH WAS CAUSED BY. Acute Pulmonery Edeme 4 ONEF SAND DEATH
auld word the Chine Chine Chine Chine Chine		TT DUE TO
		Conditions, if any, which gave) this Chro in Ca diec elompersation 3 yrs
		nse to immediate cause (a), DUE TO
		stating the underlying cause Why nertensive Artarias the natice Econt Disease 15p
This certificate, writh the forwar be used removal,	8	DEDECAMENT
his de follo	CATION	loss of lower rightles YES NO
73	CERTIF	206 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of Item 18.) PRIMARY II or CONTRIBUTING II
only or		CAUSE OF DEATH
EXAMINEI ute the ce uge 4 shou your files Page 3 sh	₹.	20c. TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or lown) (County) (State)
M + + + be	S S	Hour a.m. While Not While factory, street, affice bldg , etc.)
You ge You you rien		Pitt. 101 WORK C
- 22 52 .		21. I certify that I taak charge of the remains described above, held an Autopsy 🔲 , Inspection 🔀 , Inquiry 🖾 , and in my aprilan
nCAL se exector. I ned for ECTOR burnol		death @svited.com Natural coises . Accident ., Suicide ., Hamicide ., Undetermined manner .
inection of the property of th		CHIEF MEDICAL EXAMINER
> = n + 0 -		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
JTY 1 Iny, plend of the report prior		DEPUTY MEDICAL EXAMINER X
DEPUTY scessory, e funeral may be FUNERAL		NAME (Type) Harold B. Plum, 18r Address (Street, city, town, or county) Proston or pline
- 5 - E E S V	230	BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
ひらもいるま		REMOVAL (Specify)-11 11-10-67 DENTON DENTON DENTON
XK!	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 2 25b REGISTRAR S SIGNATURE
VR A15ME (5)	1 "	1-1 1
6M 1/67 ¥/	_	13-1- Daduill-EASLOY, MD DATEN AV 13 1961 Vollandes Village



PART DEPT. PRACE OF DEATH PRACE OF DEATH C. COLLYNY B. C.	# 1	Ú	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
DATE MARYLAND BACTUAN BACTUA	FOR STATE		18004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
d NAME OF ROSPIEL OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR MITTER OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR INSTITUTION (I not so bogging), give sheet oddress) MEMORIAL TO A COLOR OR INSTITUTION (I not so bogging), give sheet oddress) Months of the solid or institution (I not so bogging), give sheet oddress (I not so bogging), give s	EALTH DEPT.	1	a COUNTY COUNTY / A
d MAME OF FIGURIA CR MISTRICTON (Fine or bropping), gove steet address) A SPEEL ADDRESS A SPEEL ADDRESS	PM3. Po		FASTON MIGGINE 1110
S SEX S SEX S COLOR OF SEXE 7. MARKED PHENE MARKED DIVORCED DIVORC	Per 1, 2	,	
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200 EXTERNALCALS WAS PRIMARY RUP COUNTR BUTING CAUSE OF DEATH ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 1 MILES OF INJURY (HOME) ROUT C MON 1 MILES OF INJURY (HOME) R	urs offte n 18 G ce alan 12 with		male left widowed Divorced June 21, 1903 64 yrs Months Days Hours Min.
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200 EXTERNALCALS WAS PRIMARY RUP COUNTR BUTING CAUSE OF DEATH ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 7 MILES OF INJURY (Home, form 100 WCo T) ROUT C MON 1 MILES OF INJURY (HOME) ROUT C MON 1 MILES OF INJURY (HOME) R	Meding Meding pern	-	IB. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c))
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PRIMARY OF CONTR BUTING ROW 7 miles week Row 1	W - 4 C A	ATION	PART II. OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN N PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED?
21. I certify that I taak charge af the remains described above, held an Autapsy, Inspection, Inquiry, and n my opin death resulted fram. Natural causes, Accordant, Su cide, Hamicide, Undetermined manner, CHEF MEDICAL EXAM NER, Accordant, Su cide, Hamicide, Undetermined manner, CHEF MEDICAL EXAM NER, Accordant, Su cide, Hamicide, Undetermined manner, Accordant, Su cide, Hamicide, Undetermined manner, Su cide, Hamicide, Hamicide, Hamicide, Hamicide, Hamicide _	世界 . 晋 8		
21. I certify that I tack charge at the remains described above, held an Autapsy , Inspection , Inquiry , and n my opin death resulted fram. Natural causes Actual , Su cide , Hamicide , Undetermined manner	₹ + + + = ₽	MEDICAL	20c TIME OF N., RY Month, Day Year 2Dd IN, RY OCCURRED 2De PLACE OF IN, URY (Home, form 2Df (City or town) (County) (State)
EXAMINER'S NAME (Type) Harold B. Plummer Address (Street, city, town, or county) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial VR A15ME (5) VR A15ME (5) PLANTING TO BE PLUMMER'S NAME OF CEMETERY OR CREMATORY Union DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23d LOCAT ON (City or Town) (County) (Stote) Union ADDRESS 250 RECD BY REG. STRAR 1087-725b REG. STRAR 1067-725b R	L EX cecuto Page far ya NR:Pa		21. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 💽, Inquiry 💽, and in my opinion
EXAMINER'S NAME (Type) Harold B. Plummer Address (Street, city, town, or county) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial VR A15ME (5) VR A15ME (5) PLANTING TO BE PLUMMER'S NAME OF CEMETERY OR CREMATORY Union DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23d LOCAT ON (City or Town) (County) (Stote) Union ADDRESS 250 RECD BY REG. STRAR 1087-725b REG. STRAR 1067-725b R	se exector.		
REMOVAL (Specify) Burial VR A15ME (5) REMOVAL (Specify) Burial 11-6-67 Union Geldsbore, Maryland ADDRESS 250 RECD BY REG. STRAR 1967 ^{25b} REG. STRA			SIGNATURE CLUSE W CENTER MD ASSISTANT MEDICAL EXAM NER 22. DATE SIGNED
REMOVAL (Specify) Burial VR A15ME (5) REMOVAL (Specify) Burial 11-6-67 Union Geldsbore, Maryland ADDRESS 250 RECD BY REG. STRAR 1967 ^{25b} REG. STRA	EPUT) Ssary, funera ay be NERA		
VR A15ME (5) 24 FUNERAL DIRECTOR ADDRESS 250 RECU BY REGISTRAR 967250 REGISTRARS SIGNATURE	TO D To Fu	23	REMOVAL (Specify)
6M 1/67 A G. Roulars Greensbore, Md. DATE 100 1	VR A15ME (5)	3	4 FUNERAL DIRECTOR ADDRESS 250 RECUBY REGISTRAR 907250 REGISTRARS SIGNATURE
Y// 8 / 6 X Y	6M 1/67 2 7	4	Greensbore, Md. DATE NOV.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

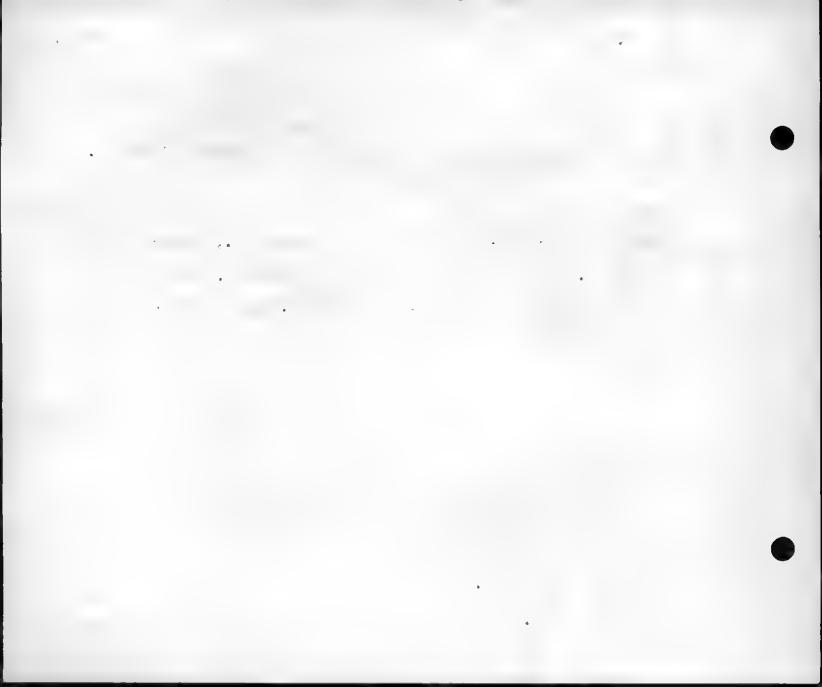
58005

CERTIFICATE OF DEATH

15997

L				0. 5-7		
Ţ	. PLACE OF DEATH					n. Residence before admission)
M	o. COUNTY TALL	4	MARYLAND	o. STATE Mary	land b. COUNT	Talbot
ŀ	b. CITY OR TOWN (If outside co		€ LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	side corporate limits, write RUR	At and give nearest town)
	write RURAL and give neore	est town)	22 /01/5	Eas	ton	201
1	d. NAME OF HOSP TAL OR INSTI	TUTION (If not in hospital a		d. STREET ADDRESS		e IS RES DENCE
2	Manno		1		South Washingt	ON A FARM?
-	B. NAME OF DDEC	an Time	-ma Middle as a mark			
	OECEASED (Type of print)	TON First SAMI	JEL Middle HOPE	Hofe	OF DEATH NCC	33 1967
5	5. SEX 6. COLOR		NEVER MARRIED []	B. OATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male Whi	te WIDOWEO	DIVORCED -	June 29, 191	1 loss bythday)	Months Doys Hours Min.
1	Oo. USUAL OCCUPATION (Give kind furing most of working life, even if I CWNET OF RELA	ofworkdone 10b KI petred) INI I Furniture	ND OF BUSINESS OR DUSTRY Store		Stote, or foreign country) Co., Maryland	12 Citizen of What
_	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
	Coly S. Ho	pe		Minni	e F. Johnson	
	IS. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. S		NFORMANT	Addres	-
- ['	(Yes, no, or unknown) (If yes give	wor or dotes of service 22	22-09-7279 Sta	anley E. Hope	e, Cambridge,	Maryland
	18. CAUSE OF DEATH (Enter PART DEATH WAS CAUMMED Conditions, if any, which govise to immediate cause (of stating the underlying cause last.	DUE TO (b) OUE TO	etastatic	carcine lung	ma of	INTÉRVAL BÉTWEEN ONSET AND DEATH Uncertain
TION	PART II OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO? YES NO
	200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pr	ort I or Port It of Item 18.)	1 1
in Column	20c TIME OF INJURY Month, Hour c.m. p.m.	Day, Year 20d IN While of work	Not While focts	CE OF INJURY (Home, farmory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attend	ied the deceosed fram	, 19	, to	, 19, that (I) (we) las
	sow the deceased of	live an 11-21	19 <u>67</u> , and that	deoth occurred ot	5/2 A.M., from causes o	, 19, that (I) (we) las and on the date stated obove
	220. SIGNATURE	Robert V	V. Trever M.	ATTENOING A	MED. STAFF DIRECTOR PHYS	22b. OATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Robert W. Ti	revor	22d. ADDRESS	ston, Maryland	l
1		23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Tow	n) (County) (Stote)
	DESCRIPTION CO C. S.	Nov. 26,1967	Washington Ce	emetery	, ,	k, Maryland
	24 FUNERAL DIRECTOR	7	ADDRESS		BY REGISTRAR 25b REG	SISTRAR S S GNATURE
	7	4	11 7 /	1 > NOW	100 4007 06	7. 6. 0 1.0

by the funeral TO HOSPITAL OR ATTENDING ENYSICIEN: The law requires that the death certificate be executed within 24 haurs after death aurs after death filled in pager **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



16008

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH	

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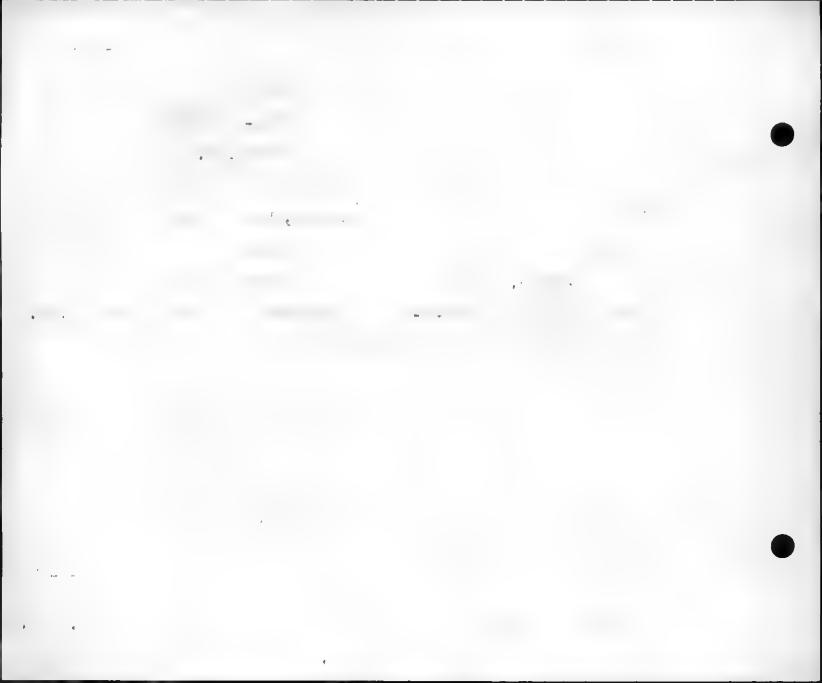
1 PLACE OF DEATH			Yhere deceased lived, if institution. Residence before admission)
o COUNTY	MARYLAND	o. STATE	LAND b. COUNTY 14 LBOT
b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and give nearest fown)
write RURAL and give nearest town)		C. CITT OK TOWN (31 08)	iside tulpolote mins, write north one give nectest fowny
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		S. AURO	VES NO Z
3. NAME OF / First	Middle	Lost	4. DATE Month Doy Year
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S SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF UNDER I YEAR / IF JNDER 24 HRS
H WIDOWED I	DIVORCED 1	Nov 73.188	lost birthdoy) Months Doys Hours Min.
	OF BUSINESS OR		& Stote, or foreign country) 12 CITIZEN OF WHAT
during most of working life, even if retired) INDII	ISTRY /	The second secon	OUNTRY?
HOUSEKEEDER ON	NK HOME	14. MOTHER'S MAIDEN A	
		8.7	
WILLIAM HELSBY		MELYII	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, qo,or unknown) ((If yes give wor or dotes of service)	CIAL SECURITY NO. 17 II	NFORMANT	Address TIE WYE AVE
Na	2 //4	EXH H. XC	NES EASTON MARKAND
IB. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), ond (e)	1-11	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	1 Kras	// Kihikki.	ANSI DINET AND DEATH
14221 DUE TO 32	7	The gray	11/11/11
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rise to immediate couse (a),	NINNOVOW	a me susi	www.masper
storing the underlying couse			/
1	Acres our man acres on a	THE TENNESS OF THE COL	ID FROM GIVEN IN PART 1(o) 19 WAS AUTOPSY
FART II OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KELATED TO T	HE LEKWINAL DIZEAZE CON	ID HON GIVEN IN PART I(0) PERFORMED?
3 VAUGURUNG	1		YES NO Q
206 DESCH	RABE HOW INJURY OCCURRED	(Enter noture of injury in 1	Port I or Port I of item 1B.)
		E OF INJURY (Home, form	
Hour o.m. While of work C		ory, street, office bldg., etc.)	11
21. Jertify that (1) (this haspital) attended		Wille	965 10 (W) 121, 196/, that (1) (we) las
saw the deceased alive an 22 All	2 19/17 and that	death accurred at.	5.054 M, fram causes and on the date stated above
220 SUGNATURE			22b DATE SIGNED
IK TACINIII EIGH	// M.D	ATTENDING PHYS	MED DIRECTOR PHYS D 11-25-6
12c PHYSICIAN'S COLOR	1100	22d ADDRESS	Director Control of the control of t
NAME (Type)		26	Mirchaels Mit
23g BURIAL TREMATION. 23b DATE THEREOF	23c. NAME OF CEMETERY OR O	CDCMATORY	1 224 (OCATION (Ca) Cas Town)
23g BURIAL REMATION, 23h DATE THEREOF REMOVAL (Specify)		CKEMIAIUKI	23d. LOCATION (City or Town) (County) (Stote)
VX0 V 37.1967	SPRINGHI	h-L-	FASTON JALBOT MA
24. FUNERAL DURECTOR	ADDRESS	2So REC'D	
Me Alondolo 6	5 centers //1	> DATE NO	V 4 (100)

FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in By the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours of Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE EALTH-DEPT. 1 PLACE OF DEATH 1 COUNTY 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution of state of the county of the co

IEALTH-DEPT.	1 F	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Re	esidence befare admission)
~ 2 6 1 7)	0	COUNTY JA/bot MARYLAND	o STATE MARYLAND b COUNTY	OORCHESTER '
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N 0	C	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
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Give Pages Give Pages ang with for th the State		VAME OF Frst Middle	Last 4 DATE Month	Doy Year
ive ig v	(Type of print) / ORC / / HRIE	DEATH //	NDER I YEAR THE UNDER 24 HRS
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24 haurs on them 18 ar's Office of the stand 2 variety after death		USUA, OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR	ULY 294 1922 45 yrs.	12 CITIZEN OF WHAT
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hin 24 ncil in niner's pages urs affe	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
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ed with person Exam The File The Parameter File	15.	WAS DECEASED EVED IN 115 ADMED EDDOES 14 SOCIAL SECURITY NO. 17 IN	NFORMANT Address	
varcuted Iding" i Medica permit.	[16:	KO (If yes give war ar dotes of service)	LARIS KANE RFD #2 CAN	MBRIDGE, MD.
a be exmruted within rid "pending" in pencil Chief Medica Examını fransit permit. File paç event within 72 hours		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I, DEATH WAS CAUSED BY:		NTERVAL BETWEEN ONSET AND DEATH
shomld be in ward "per or the Chief" purial-trans;t any event		IMMEDIATE CAUSE (a)		
shomld e ward o the Ch ournal-tra		Conditions if any which nave to		
		rise to immediate couse (o),		
		stating the underlying cause last. (c)		
宇宙見 ラニー	_	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND TION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
Tils cert cate, wri be farwo be used removal,	AT10	marked cardiomegaly		YES K NO
ficate,	CERT FICATION	200 EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b DESCR:BE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of tem 18.)	
Errific certific auld b es hould n, ar r		CAUSE OF DEATH		
EXAMINER tute the cer age 4 shar r yaur files Page 3 sho crematian,	MEDICAL	Haur a.m. While - Nat While - factor	E OF INJURY (Hame farm 20f (City ar 'tawn) ary, street, office bldg., etc.)	(County) (State)
EXA unte you you Page crem	~	p.m. 19 at wark at work		
of, particular of and		21 1 certify that I took charge of the remains described above, he death resulted from: **Alotural causes***. Accident	d on Autopsy 🔀 , Inspection 🔲 , Inquiry [ide [] , Homicide [] Undetermined monner	
Se e ectar ined RECT		deom resurred from stationary transfers Att, Actioning, State	CHIEF MEDICAL EXAMINER	' 📙
Med please direc retain DIRE ar ta b		SIGNATURE Zoury Il Witte	MLD ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
FEUTY Sessary, pl funeral of any be re JNERAL I		EXAMINED.C	FOR DEPUTY MED CAL EXAMINER	11-3-67
o DEPUTY necessary, the funeral 5 may be 7 FUNERAL Health prio		NAME (Type) / Welty	Address (Street, cly, town, or county)	(6.1)
To D The the C THe d	230	BURIA. (REMATION, PENOVA, ISSOC TY) 31/7/67 BURIA. (REMATION, PENOVA, ISSOC TY) 31/7/67 MATONES		(County) (State)
	24		MADISON 250, REC'D BY REGISTRAR 25b REGISTRA	DOR. MD.
VR ATSME IN		AT I I I I Walley aumoran		ma Duckon



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					CERTIFI	ICATE	OF DEA	IH				
		PLACE OF DEATH	1					DENCE (Where de	ceased lived, if institu		e before admissi	on)
		o COUNTY 7	AlboT		MARY	LAND	o. STATE	Maryland	b. (0)	T:	albot	
		b CITY OR TOWN (if outside corporate limit d give nearest town)	S,	c. LENGTH OF STAY IN	N 1b	c CITY OR TOW	W (If outside con	porote limits, write R	URAL and give	neorest town)	
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		NAME OF DECEASED	ada	rst	Middle	1	Lgst	4 DAT	rE Mo	nth	Oσγ Ye	ar
		(Type or print)		-	Wadsur			San DEA		T le ilbinen i	2 / 19	67
	B	SEX On Do	6. COLOR OR BACE	7 MARRIEO			3 20	100	9 ASIS (In years lost birthdoy)	IF UNDER 1 Months	Doys Hours	Min
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	13	BLACKAMA FATHER S NAME	th				14. MOTHER'S	ot Mary	y Land	u	SA	
	10,	Paul Ke	raisah					a Novak				
	15.		R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NEORMANT	L MOVE	Add	Iress		
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			EATH (Enter only one cou			17.00	7100011	- Hajordou	v, roughur		INTERVAL BET	TWEEN
			TH WAS CAUSED BY. IMMEDIATE CAUSE	60		arr	est				ONSET AND 1	DEATH
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		stoting the unde		TO	1	•	QH o	- 0 0	-11		1 10 0	
	lost. (1) Coronary infulio								nosio	ķ.	7-0	t
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	ERTIF		☐ CAUSE OF DEATH	20b. Di	ESCRIBE HOW INJURY OC	CURRED.	Enter noture of 1	njury in Port I or	Port II of Item 18)			
			MEDICAL EXAMINER) URY Month, Doy, Yeor	204	NJURY OCCURRED T	20a PLAC	TE OF INJURY (Ha	me, form, 20	If (City or town)	(Cour	ntvì	(Stote)
	MEDICAL	Hour c.	m.	While	Not While		ory, street, affice b		((1.7 0. 10411)	(00)	"17	(HOSE)
		21 corti	fy that (I) (this hos	nital) atten		fram		19-10		10	_ , that (f) (wal las
			eceased alive on	OC	151967,0	ind that	death accur	red at 95	M, fram causes			
	220 SIGNATURE ATTENDING MED STAFF								22b. DAT	TE SIGNED.		
			The	ch		M.D	. PHYS	DIRECTO	R PHYS] [[2816	
1		22c. PHYSICIAN'S NAME (Type		004	150		22d. ADDRI	Eas	· fore	du d		ł
^	00	<u> </u>	- ((EDECE .	1 23c NAME OF CEME	TERV OR	TREMATORY.	1001	LOCATION (City or I		C	Chana
1	230	BURIAL, CREMATION BURIAL (SOLUTION)	ON, 236 DATE TH	EREOF 167	Methodis		LKEMATUKY		ilghman.	MH *	County) (S	Stote)
N	24	FUNERAL DIRECTO		9/	ADDRESS		29	So REC'D BY REG		REGISTRAR'S SIG	GNATURE	
1	-	March		ually	+ xon			ATENDV 3		-c - set	C. O. C.	- E-1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detoched far use os the burial-transit permit. Then pleose remove carban popers. Page 4 may be retained by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16009 16001 CERTIFICATE OF DEATH within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY MARYLAND c CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits write RURAL and give_negrest town ERSVILLE d S RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS YES T NO X burial-transıt permit. Then please remave carban pa burial, crematian, ar remaval, and in any event, within campletely f nave carban NAME OF First Middle 4. DATE Month Doy DECEASED (Type or print) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed SEX IF JNDER 1 YEAR 6. COLOR OR RACE AGE (In years **NEVER MARRIED** last birthday) Months DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physician ('oRe OR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates at service 16. SOCIAL SECURITY NO. 17. INFORMANI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the hospital ar attending physician DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO ficate has been s far use as the b f Health priar ta b stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) 20c TIME OF INJURY Month, Day, Year (Stote) Hour 'a m. factory, street, affice bldg., etc.) Not While TO FUNERAL DIRECTOR: After 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram M. fram causes and an the date stated above. saw the deceased alive an $\underline{}$, and that death accurred at $\underline{}$ 22b DATE SIGNED SIGNATURE directar, page 3 shauld be filed v M.D PHYSICIAN'S 22d ADDRESS O HOSPITAL NAME (Type) Cecil M.D Easton, Maryland Arthur B. 23a BURIAL, CREMATION, 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City_or Town) -, (County) VR A15 (4) 25M 1/67



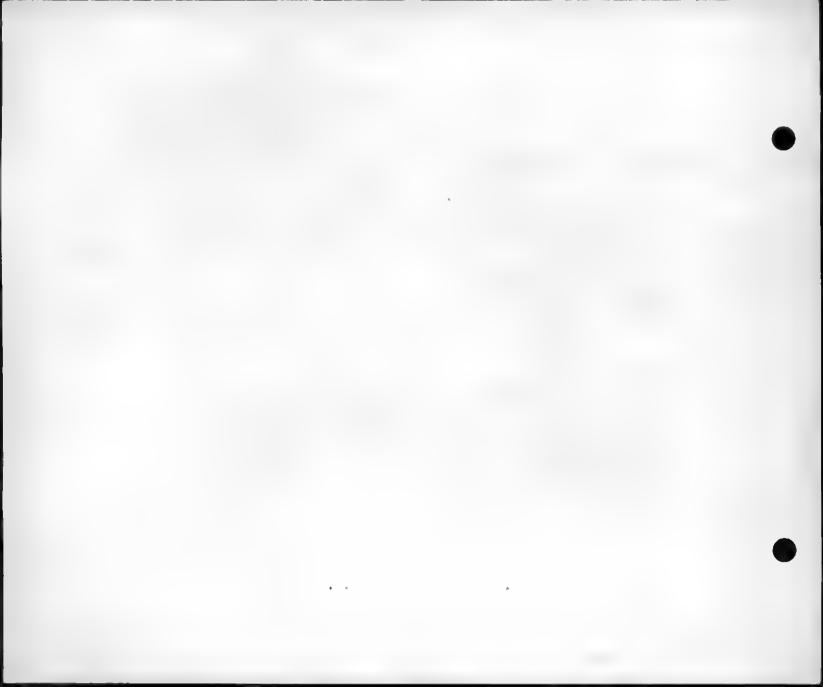
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A	CAROLINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address). 3 NAME OF PICTAL OR INSTITUTION (If not in hospitol, give street address). 4. DATE Month OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years light burthdoy) 100 USUAL OCCUPATION (Give kind of work done during highs) of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or wiknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or wiknown) (If yes give wor or dates of service) 12.2-26-4713 (O. J. MATLOCK (RED)**)	L ond g ve neorest town) O TO IV O IS RESIDENCE ON A FARM? YES NO DOY YEAR IF UNDER TYEAR IF LINDER 24 HRS. Months Doys Hours Min
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13. FATHER'S NAME VILLIAM SMITH 14. MOTHER'S MAIDEN NAME SARAH HALE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 212-26-4713 O. J.MATLOCK, RED#2	OSH
WILLIAM SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (If yes give wor or dates of service) 212-26-4713 O. J.MATLOCK, RFD#2	
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(Yes, no. of yoknawn) (If yes give war or dates of service) 212-26-4713 O. J.MATLOCK, RFD#2	
110 - 212-26-4/13(O.J./)ATLOCK, (YFD#2	
	. DENTON, I'I
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (0) Aremia due to nephroscleros	10 Threeting
Conditions, if ony, which gove) (b)	
nise to immediate couse (o), stating the underlying couse DUE TO	
lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED?
arterios elevatiche art disease, Congestive Reart failure.	YES NO
Onterios Clerotic Reart Juseuse, Congetture Reart failure. 20 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of snjury in Part I or Part II of Item 18) (If EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Hour's m. While Not While foctory, street, office bldg., etc.)	(County) (State)
Hour o m. 19 While Not While of work	
21 I certify that (I) (this hospital) attended the deceased fram	, 19, that (I) (we) las
220 SIGNATURE ROBERT W. Trever M.D ATTENDING MED STAFF DIRECTOR PHYS.	226 DATE SIGNED 11/23/67
22c. PHYSICIAN'S NAME (Type) Robert W. Trever M. D. Easton, Maryland	/ //
230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town Burial Crematory). 12bv. 25, 1967 Denton Countered Denton N	
24. FUNERAL DIRECTOR JADDRESS VZSC REC'D BY REGISTRAR 256 REGI	STRAP S PENATURE
Sarrison Exercised St. Muchael med DATEMON 2. 8 1967	liantes Judges

TO NOSPITAL OR MITEMOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital at attending physician.



16011

CERTIFICATE OF DEATH

16003

	PLACE OF DEATH 2.1	USUAL RESIDENCE (Where deceased lived, if institut an Residence before adm seron)	land of the same
C	MARYLAND MARYLAND	O. STATE BRYLAND 6. COUNT CAROLIN	K
b		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	EUSTON STANISME.	- 12 1118 01 1 1 WITH	
d	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	STREET ADDRESS e IS RESIDEN ON A FAR.	M2
	Memilia	YES THE	0
(NAME OF DECEASED (Type or pnnt) NAME OF DECEASED (Type or pnnt) NAME OF CALVIALIA	Lost 4. DATE Month Doy Year OF DEATH NOC! 44 19	1
\$ 5	M WIDOWED DIVORCED DA	N 9. 906 6 YIS	Min
duri	ing morter working life, even if retired) IMDUSTRY	1. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY?	
13.		MOTHER'S MAIDEN NAME	
10		ANNIE HARMON RMANT Address A	. 0
(Yes		S. WALTER MCCARTY, TREST	20
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	3 INTERVAL BETWE	EEN TH
	IMMEDIATE CAUSE (0)	rhage < 24 R	سطح
	DUE TO Conditions, if any, which gave) As		
1	rise to immediate couse (o), but TO		
	last. (c)		
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AJTOPS PERFORMED YES \(\sqrt{NC} \)	?
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	er nature of injury in Part I ar Part I af item 18)	
MEDICAL		F INJURY (Hame, farm, 20f (City or tawn) (Caunty) (Ste street, office bldg., etc.)	ofe)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 19, and that dea	ath accurred at 4.23M, from causes and an the date stated of	e) las abave
	220. SIGNATURE	ATTENDING MED. STAFF 22b DATE SIGNED	
	Kobert W. I rever MD P	PHYS LM DIRECTOR LI PHYS. LI II-14-COT	
	22c. PHYSICIAN'S NAME (Type) Robert W. Trever M. D.	Easton, Maryland 11/14/57	
239			
24	REMOVAL (Specify) NOV. 18 1967 CON CORD	25g. RECD BY REGISTRAR 25b. REGISTRARS SIGNATURE	40
(CHARLES MOURE DENTON	DANOV 2 0 1967 Polisala Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the direct certificate be executed within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 by the funeral Pages 1 and 2 papers. Pages I and 2 hin 72 haurs after death pub . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b COUNTY-MARYLAND CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) within 24 hours ASTON e IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Memori YES NO F NAME OF Middle 4. DATE Month last Doy Year DECEASED **OF** vent, 19 6 (Type or print) P DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed SEX 9. AGE (In years IF UNDER T YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Haurs WIDOWED DIVORCED burial, crematian, ar removal, and in any and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRYS during most of warking life, even if retired) INDUSTRY KI.TIRCI 13. FATHER'S NAME 40 KEL attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause been ar attending be detached far use as the State Dept. af Health priar to WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF CATION NO certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of unjury in Part I or Part II of item 1B) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While After at work at work 1967 10 21. I certify that (1) (this hospital) attended the deceased from 11-24. 11-20 19 67, that (1) (we) last should 19 67, and that death occurred at 2025 M, from couses and an the date stated above DIRECTOR: saw the deceased alive an 11 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR PHYS director, page 22d. ADDRESS. 22c PHYSICIÁN'S TO HOSPITAL TO FUNERAL NAME (Type) 23g BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify) 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16065

		CERTIFICATE	OF DEATH	
P	ACE OF DEATH		2 USUAL RESIDENCE (Where deceased fived, if institut an Residence before admission)	-
	COUNTY - 1/ +	44 4 70 2/10 4 4 110	O. MATERIALDND 6. COUNTY CAROLLOW	
b	CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c CITY OR JOWN (If dutside corporate limits, write RURAL and give nearest town)	52
U.	winte RURAL and give nearest town)			
	Eastin	13 days	d STREET ADMESS e 13 RESIDEM	F-
d	NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street address)	d. STREET ADDRESS e 15 RESIDEN ON A FARI	
	Memorial - Hospil	u		0 🛛
D	AME OF FIRST AME OF FIRST	15///Middle McIlva	OF 1	7
۱۲ اک ک	YPE OF PHINT) A 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2	
, ,	F WIDOWED			Mia.
		ND OF BUSINESS OR	11. BIRTHPLACE (County & State, ar fareigh country) 12 CITIZEN OF WHAT	
101111	g most of workuig life, even if retired) IN	DUSTRY	Wester FOND COMBASA	
13.	ATHER'S NAME	, _	14. MOTHER'S MAIDEN NAME	
	CHARLES MCI	LVADYE	KOSA PRICE	
		SOCIAL SECURITY NO 37. II	NFORMANT Address	
[T BS	na, arunknown) (If yes give war ar dates af service)	M	RS JUZ DTKE DEMLON	
Т	18 CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c).)	INTERVAL BETWE	EN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	toutestiral.	Remember ANSELAND DEA	TH
	700 DUE TO	,		
	Conditions, if ony, which gove) (b) Her	ston when	- I week	7
	use to immediate cause (a), DUE TO			
	ost. (c)			
ŀ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS	Y Y
<u> </u>	The state of the s		PERFORMED" YES \[\] MC	3
5	20g ACCIDENT WAS UNDERLYING ☐ 20b, DE	SCRIBE HOW INHIBA UCCHORER A	Enter nature of injury in Part I at Part II of item 18)	
7	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INSON! OCCURRED. (circul notice of inforty in tose to store it of them to)	
≂ ⊩	IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d II	NJURY OCCURRED 20e, PLAC	E OF INJURY (Hame, farm, 20f (City ar tawn) (Caunty) (Sta	ite)
	Haur 'a.m. While	Not While factor	ry, street, affice bldg., etc.)	,
ŀ	21 I certify that (I) (this hospital) attention		1-11 , 19 63 , to 11-24 , 19 67 , that (1) (we	
	saw the deceased alive an		death accurred at 101PM, from causes and on the dote stated a	bove.
	22a SIGNATURE		22b DATE SIGNED	
-	stitue o ca.	M.D	ATTENDING PHYS DIRECTOR PHYS DIV-27-67	
ľ	22c PHYSICIAN'S		22d ADDRESS	
	NAME (Type Stephen P. C.	arney M.	Easton, Maryland 11/27/67	
239	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C		e)
15	REMOVE (P) 1967	BARRET	I'S CHAPUL FREDERIKA DEL	
24.5	FUNERAU DIRECTOR	ADORESS 4	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
-	VITCGIL MODE	3 NBN1	DATNOV 3 0 1967 Judge Judge	

TO FUNERAL DIRECTOM: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please represence popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and if finy event, within 72 hours after death. remove corbon popers. Pages I and 2 many even within 72 hours after decth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

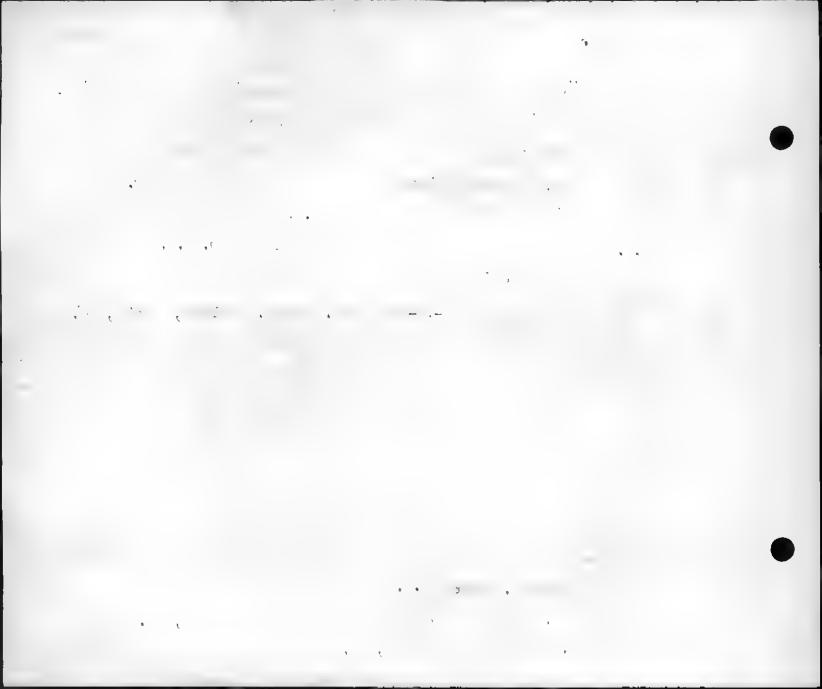
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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-L	6	U	U	D

		CEKTIFICATE	OF DEATH				
	PLACE OF DEATH			e deceased lived, if institution:	Residence before admission)		
	o. COUNTY Talbox	MARYLAND	o STATE Marule	and b. county	Talbot		
Н	b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If obiside	corporate limits, write RURAL	ond give nearest fown)		
	write RURAL and give nearest town)	13 months	Easton				
┝┈	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS	1,122,23	1 e IS RESIDENCE		
	Wye Cottage Fan		Wye Cott	ane Farm	ON A FARM? YES NO		
3	NAME OF First	Middle		DATE Month	Dov Year		
	111111111111111111111111111111111111111	eld Robinson	2031	OF Nov.			
		. MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (in years 11	FUNDER 1 YEAR IF UNDER 24 HRS.		
	A4 8 1111 + 0 -	WIDOWED DIVORCED	Nov.6, 1903	birthdoy) N	lenths Doys Hours Min.		
1 Do	USUAL OCCUPATION (Give kind of work done	TOB. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Sto	/	12 CITIZEN OF WHAT		
dut	ing most of working life, even if retired)	INDUSTRY	Washington	. Co. R.I.	LESUATRY?		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Rowland Rodman Rob.	inson	Mary Peace	e Hazard			
IS /V	WAS DECEASED EVER IN J.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORMANT	Address			
["	es, go, or unknown) (If yes give wor or dotes of se	058-18-2745 M	s. John N. Ro	binson, East	on. Ad.		
Г	18. CAUSE OF DEATH (Enter only one couse p	per line for (o), (b), and (c))			INTERVAL BETWEEN		
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o).	Carcinoma of	the stom	rach with	ONSET AND DEATH		
	73/ A DUE TO						
	(Conditions, if ony, which gove) (b) widespread motastases						
	rise to immediate couse (a), DUE TO	1			Uncertain		
	lost. (c)						
2	PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
CERTIFICATION		none			YES NO		
HH	20o ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port	f or Port II of item 18)			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form,	20f (City or fown)	(County) (State)		
FE.	Hour o.m. 19	While Not While of work of the state of the	tory, street, office bldg , etc.)				
	21 I certify that (I) (this haspite	al) attended the deceased fram_	June , 196	7, to 11-28	_, 19 <u>67</u> , that (I) (we) la		
	saw the deceased alive an	11-28 1967, and tha	t death occurred at <u>10:</u>	30PM, fram causes and	d an the date stated abov		
	22o. SIGNATURE		ATTENDING MED	STAFF	22b. DATE SIGNED		
	Robert W.T	never M.	D PHYS. 🕍 DIRE	CTOR L PHYS L	11-29-67		
	22c. PHYSICIANS NAME (Type) Robert W.	Theren M.D.	22d ADDRESS	3 Easton	Md. 21601		
32.	TOOLIC W.						
230	BURIAL CREMATION, 236 DATE THEREC		onial Panh	23d LOCATION (City or Town)	(County) (State)		
24	CUNERAL DIRECTOR	ACCORDECT	The premov	Communication Communication	TRAR'S SIGNATURE		
	MANURACE E. NEUNAM	& SOV, Easton, Md.	DATE 1101		and Judge		
	000.0	, 0 :,	DATE NOV	3.0 1987	A Maria		

he funerol gges I' and 2; TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Programmer and the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72-bags.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· C015

CERTIFICATE OF DEATH

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C4 2			CULU	CERTIFICATE	OI DEATH		T 0 3 B 1
10 to		Ī	LACE OF DEATH		2 USUAL RESIDENCE (Where d	eceased lived if institution	Residence before admission)/
g 5 8			. COUNTY		a. STATE	b. COUNTY	1 1 1 V -
0	- 1		[4 [DO]	MARYLAND	$M\nu$.		DUFEN HIVINES
a se se		ŀ	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside co	rparate limits, write RURAS	and give nearest town)
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n by the s. Pages hours aff			-/13 / O/11		SP/71.30/	VUI-UP	A S C DEFIDENCE
255	5.2	(I. NAME OF HOSPITAL OR INSTITUTION (If not a	n haspital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Z & E	10		MEMORIAL	MOSPITAL	# 1 GKASONS	DILLE, MI	YES NO
withing		3 1	NAME OF First	Middle	Lost 4 Da	ATE Manth	Day Year
P S S		- (DECEASED	C = 10	0	11	
			Type or print) CEORG	o = v = c		ATH //	2 196/
eve eve		£	EX 6. COLOR OR RACE 7	7 MARRIED 🔲 NEVER MARRIED 🔲 🛭	. DATE OF BIRTH		Months Days Hours Min
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cian ond comple ease remove col and in ony event		10a	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State,		12 CITIZEN OF WHAT
			ng most of working life, even if ret red)	INDUSTRY	di ana di	A a - it s	COUNTRY2
ease and i			LABOAGA		DUEENA	YNY E	USA
S 0 5		13.	FATHER'S NAME	· .	14. MOTHER'S MAIDEN NAME	1	
e e e			GERAGE W.	Catt	ANNAL	NDERSI	
BH H		15	WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16 SOCIAL SECURITY NO 17. II	NFORMANT	Address	
anding phy nit. Then or removo			s, no, or unknown) (If yes give war ar dates af s	noviro)		17 /r	111-1
				U56-16-6931 I	TENE (TI	SON UHI	TSONUILLE, MIQ
			18. CAUSE OF DEATH (Enter only one cause	per line for (a), (b), and (c).)			INTERVAL BETWEEN
the mati		- 1	PART I DEATH WAS CAUSED BY:	asperation	malden -		ONSET AND DEATH
d by th I-transit I, crema			IMMEDIATE CAUSE (a)		()		
777 1			Conditions if you which your t	11 1 . V m	0-	0 1	1 3 Da .
signe buriol buriol			rise to immediate cause (a)		nor neuc	Keny	Charle
0 0 0			stating the underlying cause DUE TO)			
		- 1	lost. (c))			
os th		- 1	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	G.VEN IN PART 1(a)	19. WAS AUTOPSY
e ha use		CERTIFICATION					PERFORMED?
ote hor or use leoith		3					YES NO
治やエ			200 ACCIDENT WAS UNDERLYING []	20b. DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in Part I o	r Port II of item 18.)	
E DO		8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
offer this cert be detoched Stote Dept. o		MEDICAL	20c. TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e, PLAC	E OF INJURY (Hame, farm,	70f (C ty ar tawn)	(County) (State)
this De		⊡	Haur 'a m.		ry, street, office bldg., etc.)	(2)	(222)
0 0 0 0 0		~	p.m. 19	at work 🔲 at work			
		ĺ	21 I certify that (I) (this-hospit	t <mark>al) a</mark> ttended the deceased fram <u>ਤ</u> ੇ	1 Oct , 1967	5 to 11 - Z	, 19_67, that (I) (we) last
유민		ŀ	saw the deceased alive an 11	- 2 19 67, and that	death occurred at	2_M, from causes ar	id on the date stated above.
S should with the		- 1	22g. SIGNATURE				22b. DATE SIGNED
3 × × ×		- 1	-A-1:166 /	P Cazza MD	ATTENDING MED. PHYS. DIRECT	OR STAFF	11-3-67
ag ag			22c. PHYSICIANS CA TO D				
P 0 0	1		NAME (Type) Stephen P.	Carney M.I	Laston, 1	aryland	11/3/67
O FUNERAL DIRECTO director, poge 3 sho should be filed with	'						
ect on		230	BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR C	REMATORY 23	d LOCATION (City or Town	(County) (State)
P. P. A.			BEMOVAL (Specify)	1967 (=AACKNI)	LIE MA	SAASANU!	LLE DIEEN-IND
5 p 2		24	FUNERAL-DIRECTOR	(C) MODRESS)	250 RECD BY RE	GISTRAR 256 REGI	STRAR S SIGNATURE
A15 (4)	17	- 1.	1161(1)	- 18 ///			- Fo Dudge
M 1/67	M		1/2/0 d/12/1	1001	DMAN B	1967 200	THE WAR THE STATE OF THE STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in penci in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in penci in Item 18. Give Pages 1, 2, and 3 to 10 DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If Jr. y delay is

5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 w th the started part.

VR A15ME

Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

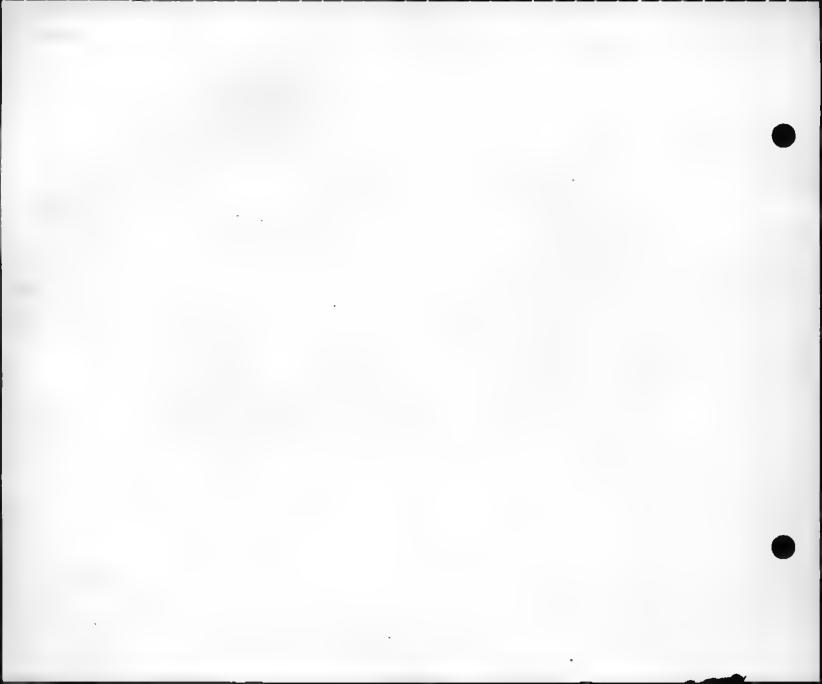
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH 0. COUNTY	2 USUAL RESIDENCE (Where deceosed lived, finish tution Residence before admission) o. STATE b. COUNTY Talbot
Talbot MARYLAND	Maryland
b CITY OR TOWN (f outside corporate limits, c LENGTH OF STAY N 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest tawn)	Easton
Easton	d STREET ADDRESS e is RES DENCE
d NAME OF HOSPITAL OR INSTITUTION (I not in hospita, give street oddress)	Ob. a rapping
202 Port Street	202 Port Street
3 NAME OF Frst Middle Sul	livan OF 11 28th 67
	B DATE OF BERTH 9 AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS
Male Negro widowed Divorced	5-27-16 Ost britiday) Months Doys Hours Mn
1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT
during most of working life, even if retired) Taborer None	MARVLAND USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
IRVIN SULLIVAN	DELILAH WOOLFORD
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. I	NFORMANY Address EASTON, Md.
(Yes, po, or unknown) (If yes give wor or dotes of service) CINK NOW N	ELEANOR W. HILEN 130 HAMMOND ST.
10 CAUSE OF DEATH (Enter only one so you not be for (a) (b) and (d)	uverlosa liendle ONSET AND DEATH
DUE TO	
Conditions of any which nave to	
use to immediate rouse (a)	
stoting the underlying couse DUE TO	
last (c)	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION G VEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO KI
TO EXTERNAL CAUSE WAS 20b DESCRIBE HOW SMILIRY OCCURRED	
2Do EXTERNA. CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 2Do. TIME OF INJURY Month, Doy Yeor 2Dd NJURY OCCURRED While Not While foct	(Enter nature of in cry in Port or Port 1 of item 18)
20c. TIME OF INJURY Month, Doy Year 20d NJRY OCCURRED 2De PLAI	CE OF INJURY (Home, form 2Df (Cty or town) (County) (Stote)
3 pm 28 Nov 1967 While Not While of work of work	Telbrit Home Carton Telbrit Kengler
21. I certify that I taok charge of the remains described above, ne	d an Autapsy 🔲 , Inspection 🔲 , Inquiry 🔲 , and in my Spinion
death resulted from: Natural couses 🔀 . Accident 🗍 . Suic	ide . Ham cide . Undetermined manner .
	CHIEF MEDICAL EXAMINER
SIGNATURE Men han Heur'un	_ M D ASSISTANT MEDICAL EXAMINER 22 DATE SIGNED
EXAMINER'S THURSTON HARRISIN	Address (Street, city, town of county) 4 Was 67
230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) _ (County) (Stote)
REMOVAL (Specify) 10 4 (7 D.C.) Page	MEMBERL EASTON TALBOT Md.
What als Walls	and the same and t
24 FUNERAL DIRECTOR 426 BOWER Str	CCU
Barbara L. Dashiell Easton, Maryla	ind DATE DEC 6 1967 Stleanles Juille



MARYLAND STATE DEPARTMENT OF HEALTH 16669 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased level, functifution Residence before admission) o. COUNTY b COUNTY 2, and 3 ta PM3. Page MARYLAND b CITY OR TOWN (f outside corporate limits. t. LENGTH OF STAY IN 16 de corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) D.O. A. d NAME OF HOSPITAL OR INSTITUTION. (If not in hospitol, give street oddress) d STREET ADDRESS Washington Blod. NO X DATE farwarded to the Chief Medical Examiner's Office alang with DECEASED DEATH 7. MARRIED lost birthdoy) WIDOWED DIVORCED any event within 72 hours after death 12 CT ZEN OF WHAT 10b. KIND OF BUSINESS OR Alabama 14 MOTHER'S MA DEN NAME 13 FATHER PNAME Frances Meek IS WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).)
PART t. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Bi ateral Pneumont orax left penothorax burial-transit writing the word ultible fractures of ribs mainly right side minute Conditions, if ony, which gove nse to immediate couse (o), DUE TO stoting the underlying couse WUnchecked Farachute fall that dilnot open minutes WAS AUTOPSY PERFORMED? PART II OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (a) or removal, Many other fractures see detailed ME report NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of ingry in Port I or Port II of item 18) 200 EXTERNAL CAUSE WAS 3 shauld h PRIMARY E-or CONTRIBUTING Parachute did not open from 3000 fest 4 shauld CAUSE OF DEATH priar to burial, cremation, 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Not While of work Caroline Laryla 21. I certify that I took charge of the remains described above, held an Autapsy [Inspection . Inquiry x and in my opinion Undetermined manner death_resulted_fram: Natural rouses Accident X Suicide [- Homicide (funeral director used Tostmortemer MEDICAL EXAMINER 22 DATE SIGNED ASSISTANT MED CAL EXAMINER DEPLTY MEDICAL EXAM NER THE NAME (Type) harold B. Plummer ...D. Address (Street, city, town, or county) Preston Caroline the 23b DATE THEREOF 23d LOCATION (City or Town) VR A15ME (5)

6M 1/67



by the funeral Pages Land 2 gurs offer.degith.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the denth certificate be executed within 24 hours after denth.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages and the filed with the State Dept. at Health prior to burial, crematian, or remaval, and in any event, within 72 is

MARYLAND STATE DEPARTMENT OF HEALTH

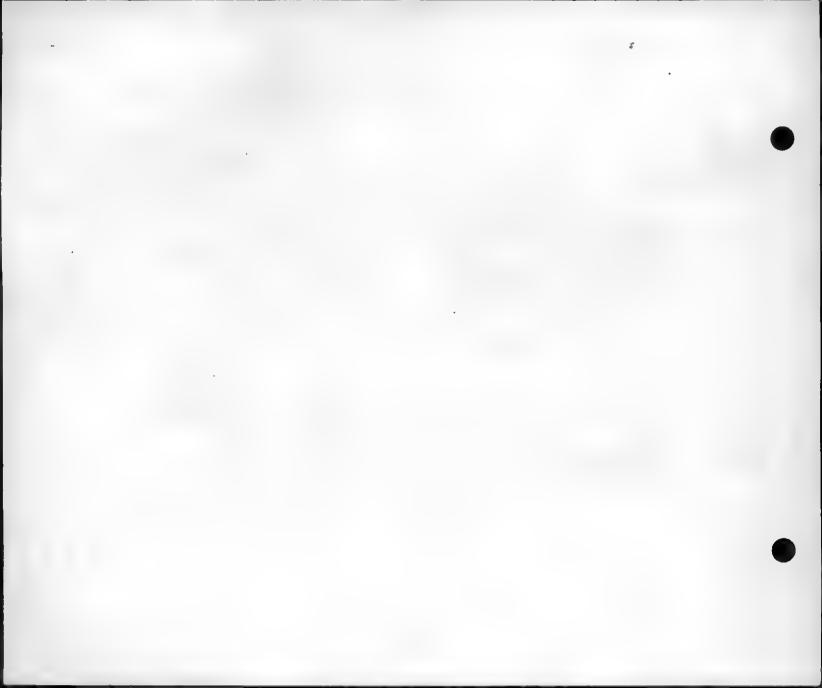
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

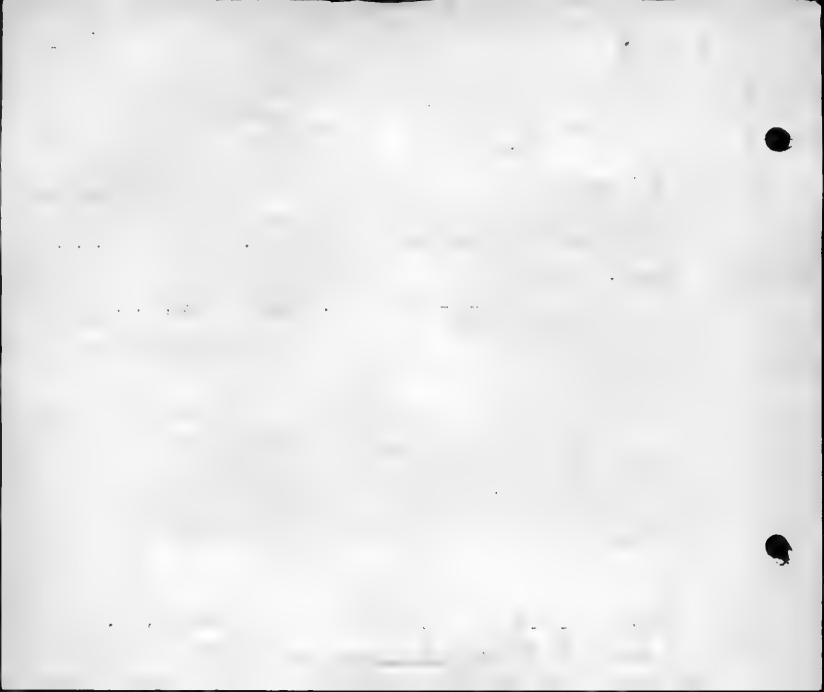
16018

CERTIFICATE OF DEATH

16010

1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. COUNTY TA (b - T MARYLAND	ONARULAND TALBOT
and the same	b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)
	write RURAL and give nearest Town)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hyspitol, give street address)	G STREET ADDRESS 0 IS RESIDENCE
×	na //	ON A FARM?
1	Memorine Hosp, TA	R-H-BOX3 YES NO S
	3 NAME OF PIRST Middle	Lost 4. DATE Month Doy Year
	(Type or print) 7/ + RCC (IL'ARN	IER IR DEATH // 07 196/
		B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours Man
	M N MIDOWED DIVORCED 1	Ulu 10, 1885 Rayrs. Manths Doys Hours Man
	10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT
	during most of working life, even if retired) FARMING RETIRED	TALBOT COUNTY, MARYLAND U.S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ALFRED THOMAS WARNER	SARA J. FOX
		NFORMANY Address R. H. BOX 3
	for a little to the first the second	C D 1 - O 100 - 0 - 110
		E131810-119
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	
	TYO A DUE TO O SC. 50	Vyphrosclerosis.
	Canditions, if any which gave rise to immediate couse (a),	Vyokroscenosio.
	stoting the underlying couse DUE TO	
	lost. (c)	V
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS A TOPSY PERFORMED?
2	2Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTION COLUMN TO ANALYSIS OF THE PARAMETERS OF THE	YES NO NO
	E 200 ACCIDENT WAS UNDERLYING ☐ 200 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item 18.)
	GR CONTRIBUTING CAUSE OF DEATH (IF ENTHER, NOTIFY MEDICAL EXAMINER)	
	3 20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLAI	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	₩hile Not While foct	ory, street, office bldg., etc.)
	di wait and di work and	11/1 + 19 0 + to 11/27 + 190 + that (1) (we) last
	21. I certify that (I) (this haspital) attended the deceased from	t death occurred at 2 M, fram causes and an the date stated above.
	saw the deceased alive an 190 , and that	22b. DATE SIGNED
	She ch M.	ATTENDING MED. STAFF
	22c PHYSICIAN'S M.I.	PHYS. DIRECTOR LI PHYS. LI // CO'S
A. I	NAME (Type) S. KRECH TP.	EASTON , ded.
	20-CHIDALISCOCHAT ON LOSS DATE TURNOT	
	230 BUR ALICREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify) NOWEMBERSO 1947 SPRING HILL	A
	DOOE WIRE SO IAM SLIST IDE ILLO	
i	24 FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE
	Sert on A	ARI DATE NOV 3 0 1967 Landa Guelan





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 talcertificate of DEATH ificate 13312 PLACE OF DEATH o. COUNTY o STATE b. COUNTY Marvland MARYLAND b. CITY OR TOWN (floutside corporate limits. C LENGTH OF STAY IN 180 write RURAL and give negrest town) Queenstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Dudly Avenue NAME OF 4. DATE DECEASED OF. (Type or print) DEATH IF UNDER I YEAR SEX 6 COLOR OR RACE AGE (In years DATE OF SIRTH 7. MARRIED **NEVER MARRIED** lost birthday) Months NOVEMBER 26, 196 115 WIDOWED DIVDRCED

2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) Queen Anne c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? NO Doy Year and in any event, 19 UNDER 24 HRS Hours 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT OUNTRY ? INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remayal, RALPH CARVEL WHAL JANICE J. COOPER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) QUEENSTOWN, MP. RALPHCARUELWHALE 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (ε).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TD stating the underlying couse Health prior to PART !! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICAT, ON NO 200 ACCIDENT WAS UNDERLYING ET 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Part 11 of Item 18) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE DF IN. JRY (Home, form (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg , etc.) Hour a.m. Not While at work of work 135% to_ 21. I certify that (1) (this baspital) attended the deceased fram 19......, that (1) (we) last AM, fram causes and on the date stated above . and that death occurred at saw the deceased alive 22o SIGNATURE ATTENDING M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 230 BUR ALL CREMATION. DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. .OCATION (City or Town) (County) (Stote) KEMUVAL (Specify) SPRING HILL

ADDRESS

EASTON

250 REC D BY REGISTRAR

MD:

25b REGISTRAR 5 SIGNATURE

OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital VR A15 (4

the death certificate be executed within 24 haurs after death.

funeral

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þ physician.

signed

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certificate

TO FUNERAL DIRECTOR:

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24. FUNERAL DIRECTOR

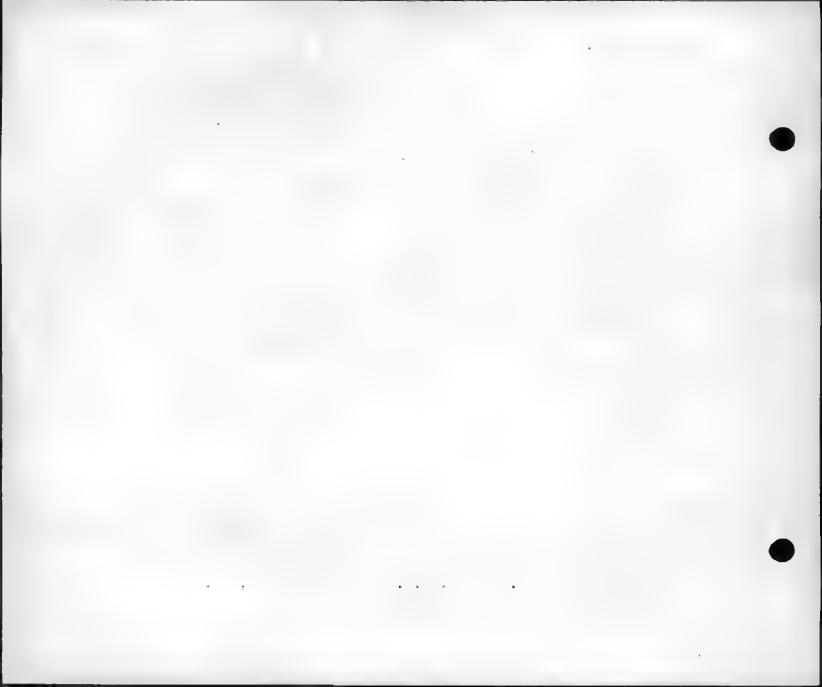


18821

CERTIFICATE OF DEATH

16013

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r death		2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)
	1	1. COUNTY 17/607 MARYLAND O STATE MIDRY LOND 6 COUNTY QUEEN ANDE
s afte		2. CITY OR TOWN (If outside corporate limits, C LENGTH, OF STAY IN 16 C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
D P O		write RURAL and give nearest town Ceto (Hicin ann Mc
E 22		NAME OF HOSPITAL OR INSTITUTION (If not in bospital give street address) / d STREET ADDRESS e IS RESIDENCE
Affilled in 72		MEMCRIAL ETASTON VES NO 19
in 1	3	NAME OF First Middle 1 Lost 14 DATE Month Doy Year
that the death certificate be executed within 24 haurs after an. by the attending physician and campletely filled in by the furansit permit. Then please remaye carban perms. Pages I crematian, ar remayal, and in any event, within 72 books after		Type or print) Raymord 4. Whitey DEATH 11 23 1967
ecuted camplet ave car y event,	5	
ate be executed vicin and camplet ease remaye carland in any event,	1	nali White WIDOWED DIVORCED 9-2-93 Springer Month's Doys Hours Min.
and res	10o	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT
icate by sician please il, and ii	duri	ng most of working Lie, even if retired. NDRULAND ONDER ONDER
icat Sic Pee	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
that the death certific an. by the attending phys ransit permit. Then p crematian, ar remaval,		FRANK WHITBY ANNIE SAUNDERS
e Te	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
attendir attendir permit. ian, ar re	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave nse to immediate cause (o), DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO
aff ian		18. CAUSE OF DEATH (Enter any one couse per line for (o), (b), and (c).)
th the the mate		PART I DEATH WAS CAUSED BY. ONSET AND DEATH
tra by		1751 DUE TO
quires that the physician. signed by the burial-transit burial, cremat		Canditions, if any, which gave) (b)
ph signal pur bur		rise to immediate cause (a), DUE TO
ing ing sen the ta		last. (c)
end s be as I		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
The att	NO.	Consestere heart la Dure due toarterios claratic Reart disease VIS NO W
ate are lead	3	200 ACCIDENT WAS UNDERLYING 120b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)
E de la	CERTIF	OR CONTRIBUTING CAUSE OF DEATH
PYSI Cer Che Che		(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc, TIME OF INJURY Manth, Doy, Year
the that the the that the the that the the the that the the that the the the the the the the the the th	MEDICAL	Hour o.m. While Not While toctory, street, affice bldg., etc.)
ING by the tere	_	p.m. 19 of work of work
ND Sd b d b d b		21. I certify that (I) (this haspital) attended the deceased fram, 18_67, ta, 19, that (I) (we) last saw the deceased alive an, 19_67, and that death accurred at, M, fram causes and an the date stated above
A Substitution of the subs		220. SIGNATURE 22b DATE 5 CNED
R A ret		ATTENDING AT MEN STAFF
be be ge ge		220 PHYSICIAN S 221 ADDRESS 222 ADDRESS
TAI MAI Poefoef		NAME (Type) Robert W. Trever, M.D. Easton, Md.
A r A r NER Tor,	22-	
FOR HOSPITAL Page 4 may TO FUNERAL (director, pag Shauld be fill	17	SERIAL CREMATION. 23br DATE THEREOF 23c NAME OF CREMETERY OR CREMATORY LOCATION (City or Lower) (County) (Store) AND LAST SOCIETY OF CAR, M.D.
22 2 2 1	4	FUNERAL DIRECTOR ADDRESS 1/250 REC'D BY REGISTRAR 250 REG STRAR'S SIGNATURE
VR A15 (4 (7)	~	OL LEDZ GITL MODICIS DUDITON NOV 20 1003



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16022

CERTIFICATE OF DEATH

13314

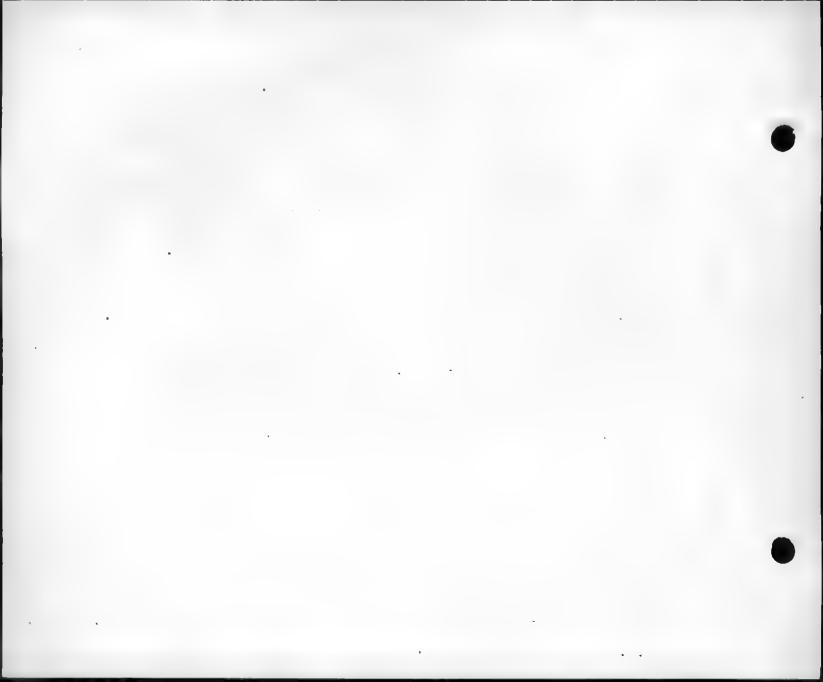
		CEKTIFICATE	OF DEATH
		PLACE OF DEATH O. COUNTY A / b o f MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Penns vl vania b. COUNTY Philadelphia
	ı	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest Jown)	c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)
Ø	(d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street dodress)	Philadelphia, Pennsylvania 19104 d street ADDRESS 1216 N. 42nd Street YES NO YE
	- (NAME OF Furst Middle DECEASED (Type or print) SABRA Middle W,	Lost 4 DATE Month Doy Year OF DEATH // 20 1967
	S. S	sex 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 E	B DATE OF BIRTH 9 AGE (In years I FUNDER 1 YEAR 1 IF JNDER 24 HRS lost birthday) 6/27/1916 9 AGE (In years I FUNDER 1 YEAR 1 IF JNDER 24 HRS Months Doys Hours Min.
		USUA. OCCUPATION (Give kind of work done ing most of working life, even if retired) Seamstress 10b KIND OF BUSINESS OR INDESTRY 1 One	11. BIRTHPLACE (County & State, or foreign country) Talbot Maryland 12. CITIZEN OF WHAT COUNTRY? USA
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	10.	William A. Turner	Sarah Jane Carroll
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. II	INFORMANT Address
	(Ye	ss, nangrumknawn) (If yes give war ar dates of service) 213–22–5765 J.C	oseph A. Villiams, 1216 N. 42nd St.
	monay Emboli Philadelphia, Pa INTERVAL BETWEEN ONSERAND DEATH		
		460 X DUE TO Canditions, if any which gave) (b) Varue are Verin	both lea morry you
		nse to immediate cause (a), stating the underlying cause DUE TO	
		last (c)	La durant
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? 7 YES 24 NO
	MEDICAL CERTIFICATION	200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)
	MEDICA		ACE OF INJURY (Home, form, 1 20f. (City ar town) (Caunty) (State) tary, street, affice bldg , etc.)
		21. I certify that (!) (this hospital) attended the deceased framsaw the deceased alive on19, and that	, 19 ta , 19 , that (I) (we) last death accurred at 12 5 M, from causes and on the date stated above
		220. SIGNATURE William & Latina mo M.D.	ATTENDING MED STAFF 22b. DATE S GNED
1		Mame (Type) W. E. Latimer, M.D.	22d ADDRESS Easton, Md. (Memorial Hospital)
)	230	BURIA (REMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR OF RECHARGE METERY OR OF CEMETERY OR O	emorial Easton, Talbot Maryland
	24	FUNERAL DIRECTOR 426 Dover St	2SG REC'D BY REGISTRAR 2SG. REGISTRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pomes pperson Property Prop TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers, should be filed with the State Dept. of Heolth prior to burial, crematian, or removal, and in any event, within 72 his Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



5523		CERTIFICATE	OF DEATH		15315	
PLACE OF DEATH				Where deceased lived, if institution		
o. COUNTY	lbot	MARYLAND	d. STATE Md.	b. COUNTY	Talbot	
b. CITY OR TOWN (If ou	tside corporate limits,	c LENGTH OF STAY IN 16		itside corporate limits, write RURA		
write RURAL and giv			T.ewi	stown Rural		
Lewistown	Rural) R INSTITUTION (If not in hospil	ini nive street oddress)	d STREET ADDRESS	BUOWE RATAL	e IS RESIDENCE	
e, more or noning o	is meaning that it was it was it	ar and story	g states results		ON A FARM? YES P NO	
3 NAME OF	First	Middle	Last	4. DATE Month	Day Year	
DECEASED (Type or print)	Jenesse	w	lson	OF DEATH II-	16 1967	
THE RESERVE AND ADDRESS OF THE PARTY OF THE	COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.	
F	C WIDOW	VED X DIVORCED	12-15-1913		Manths Days Haurs Min.	
100 USUAL OCCUPATION (GIV	re kind of work done 10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?	
during mast af working life, Labore		INDUSTRY	Carolin	e Md.	USA	
13. FATHER'S NAME			14 MOTHER'S MAIDEN			
Coore	a Dobaca		בות ב	Thomas		
15 WAS DECEASED EVER IN	e Dobson U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	INFORMANT	Address		
(Yes, no, ar unknown) (If y	Manuras in satisfying your agus sa	200 11/1			hr 3	
No la series or provi			therine Do	77 /	Md.	
PART I. DEATH W	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY COLOR ANY ONE LUST ON LEFT CASE TO ACCUSE TO ANY ONE LUST ON LEFT CASE TO ACCUSE TO					
	IMMEDIATE CAUSE (a)					
Conditions of new sub-	Conditions, if any, which gave) (b) Hyka tell in e Candit - Vase describe					
stating the underlyin	g cause DUL 10	//				
last.) (()					
PART IF OTHER SIGNIF	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(q) 19 WAS AUTOPSY PERFORMED?					
E Bruns	imply en of the lungs, LXC genous obesity YES X NO					
200 ACCIDENT WAS UNION OR CONTRIBUTING CIC (IF EITHER, NOTIFY MED	AUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of Item 18)		
20c. TIME OF INJURY	Manth, Day, Year 20		CF OF INJURY (Hame, form		(County) (State)	
₩ Haur'a.m.			tary, street, office bldg , etc.)		
	21. I certify that (1) (this hospital) attended the deceased from					
	saw the deceased glive on 1962, and that death occurred of M, from causes and on the date stated above.					
22g SIGNATURE						
	M.D. ATTENDING MED DIRECTOR DIPHYS. DIVING DIPHYS. DIVING DIPHYS. DIVING DIPHYS.					
22c PHÝSICIAN S NAME (Type)	URT LED	ERER	22d ADDRESS (VEE	N ANNE	120.	
23a. BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town) (Caunty) (State)	
REMONAL (Schools)	II-2I- I96	7 Chapel		Chapel T	albot Md.	
24. FUNERAL DIRECTOR		ADDRESS	2Sq. REC'		STRAR'S SIGNATURE	
B.L. Dash	iell Easto	n. Md.	DATEN	10.00	Lieving Judge	
		*	UAIEN [V 4 4 1004 11	// 4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death death. the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papars, should be filed with the State Dept. of Heolth prior to buriol, crematian, or removal, and in any event, within 12 has Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	26024	CERTIFICATE OF	DEATH	16016	
1,	PLACE OF DEATH O. COUNTY TAMBOT	MARYLAND 0. S	MARYLAND	d, if institution: Residence before adm b. COUNTY TALB	oT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	7 days	EASTON	ts, write RURAL and give nearest tawn	20-1
8	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital	Ai	EFT ADDRESS RPORT MOT	EL YES [A FARM? NO
	NAME OF DECEASED (Type or print) ESTER 10 RG 1/6 SEX 6. COLOR OR RACE 1. MARRIE		LOST 4. DATE OF DEATH OF BIRTH 9. AGE	400	Year 19 / 7 IDER 24 HRS.
1.6.	-EMALE WHITE WIDOWE	DIVORCED DEC	S - 1900 last	birthday) Manths Days Haw yrs. 12. CITIZEN OF WHA	
du	oring most of working life, even if refired ANA C	INDUSTRY ©	A, Co. MAR)	LAND COUNTRY? [JSA
	MARION TAN	INER	MARY CA	RTER	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (lif yes give wor or dates of service)	6, SOCIAL SECURITY NO. 17. INFORMA	SE WOLF - L	ASTON MI	>,
	18. CAUSE OF DEATH (Enter only one couse per fine PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).)	Vumie	INTERVAL NSET AN	BATWEEN ID DEATH
	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause	animenta	in	Cn	10,
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TERM	LINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS APERFO	AUTOPSY 4
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING □ 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter no	dure of injury in Part I or Part II of	YES _	NO NO
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	p.m. 17 at v	nile Not While factory, stree	t, affice bldg., etc.)	ar town) (Caunty)	(State)
	20 M Life deceased onlye on	ended the deceased from 10130 S19(1), and that death	accurred at 230 pM, from	n causes and an the date sta) (las ted abave
	Robert M. May.	M.D. PHY	S. DIRECTOR	STAFF 22b. DATE SIGNED	
1	22c. PHYSICIAN'S ROBERT M. 1	MS Donald Ma 220	Edston, M	d.	
	30. BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATO	ILLE STEV	(City ar Tawn) / (Caunty)	(State)
8	24. FUNERAL DIRECTOR STANKE Cha	uch Bill and	25a. REC'D BY REGISTRAR DATE NOV 1 0 19	25b. REGISTRAR'S SIGNATURE	Sept.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

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Trumptom Junual Home Sectionally

OF DEATH

16017

1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE Access of the COUNTY County of the COUNTY County of the COUNTY CO	e before admission)
	MARYLAND MARYLAND	o. STATE Maryland b. COUNTY Care	· ·
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
	THE RURAL and give hoorest town)	Federalsburg	05.2
-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give styleet oddress)	d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?
	Memaria Haskila	R.F.D. # 2	YES NO
3.	NAME OF DECEASED (Type or print) Town Coul Billieter	Uright 4. DATE Month of DEATH // 2	Doy Year 7 19 6 7
S.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER) Months	YEAR IF UNDER 24 HRS. Dovs Hours Min.
	Male White WIDOWED DIVORCED	August 31,1899 685	DOA2 LIONIZ MINI
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT JNTRY?
E	etired railroad man & farmer (Penna. R.		S.A.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Grayson Wright	Laura Towers	
		7. INFORMANT Address	
(Y	as, no, or unknown) (If yes give wor or dotes of service) 219-07-6172	Mrs. Audrey Lee Hubbard, Hurlock	Md R D #2
-	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	. To madey Lee modala, marrock	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	el-melo	ONSET AND DEATH
	527/ IMMEDIATE CAUSE (o) DUE TO		
	Conditions, if ony, which gove) (b) Chure olester	return restruction of bluram	> 5 2000
	rise to immediate cause (o),	- January	V
	stoting the underlying couse but to last. (c)	•	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0)	19. WAS AUTOPSY
CERTIFICATION	TAKE II. OTHER SIGNIFICANT COMBINIONS CONTRIBUTING TO BEATH BUT NOT RELATED	TO THE PERMINAL DISEASE CONDITION OFFER IN FAR! 1(0)	PERFORMED?
3	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item 18.)	YES NO &
ERI	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter notice of injury in Post 1 of Post II of field 10.)	
AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INITIRY Month Day, Year 20d. INITIRY OCCURRED 20e.	PACE OF INJURY (II C	-6.1
MEDICAL	Hour'o.m. While Not While	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (Cou	nty) (Stote)
~	p.m. 19 of work of work		
	21. I certify that (I) (this haspital) attended the deceased from		
		that deoth occurred at 7 3 pM, fram couses and an th	
	220. SIGNATURE	ATTENDING MED. STAFF	TE SIGNED
	and allering	111120	20-0
	22c. PHYSICIANS Stephen P. Carney	M.D. 22d Maryland 11,	128/67
23	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY . Z3d. LOCATION (City or Town)	(County) (State)
	Burial (Specify) 12-1-67 Junior Order		
2	FUNERAL DIRECTOR ADDRESS	25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE

DATENOV 3 0

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmath certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. by the funeral 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbar papers.

director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbor papers. shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 b

Pages I and a

